08567

FAX INDICE	85	93	CERTIFICA	ATE OF I	DEATI	H		Reg. Dis	t. No.		
1. PLACE OF DEATH a. COUNTY	LEGANY		MARYLAND	g. STATE	DENCE (W		ived. If institution b. COUNTY	ALLI			ion)
b. CITY OR TOWN (I RURAL and give no	f autside carporate lim carest town)	its, write	c. LENGTH OF STAY IN 1b				te limits, write RI	URAL and g	jive ned	rest tawr	n)
CUMBERL			4 Days		ERLAN	D					
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospital,		oddress)	d. STREET		ATT COND	TOTAL			ON A	FARM?
	SACRED I			1 509	MARSH	ALL STR	PRI		1	LE2	NO
3. NAME OF DECEASED (Type or print)	ELLEN	rst	M •	ALL		4. DATE OF DEATH	8	th	9	,	Year 1959
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRT	Н	9.	AGE (In years	IF UNDER			T .
FEMALE	WHITE	WIDOW	ED DIVORCED	1-20-9	3	1 (31)	lost birthdoy) yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (Stote	ar foreign cou	ntry)	12. CITI	ZEN OF	WHATC	OUNTR
doring most at work	ing me, even it temec		HOUSEWIFE	WE	ST VI	RGINIA	7-06-5	3	U.	S.A.	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME		100			
JOHN 1	LEGGE (D)			NA	NCY B	EAL (D)					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INFORMANT	435		Addr	ess			
NO	it yes, give wor or dates or	ier vice;	NONE	CH	ART						
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a), (b), and (c).]			-			INTE	RVAL BE	TWEEN
	TH WAS CAUSED BY:	1	REMIA						ON		
600.0	DUE TO		2 ()		1	36.5					
Conditions, if o	ny, which)	7	ueloneph	ntes,	de	Dur	Den	20	4	ul	ua
gave rise to it	mmediate (1	1,11	, ,)	1	1	1		1,,	. 11	
lying couse last.	the under-	/	Ve phoselo	40515					0	in	ide
PART II. OTH	IER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(o) 1	9. WAS	AUTOPS
BHyberk	ensive an	ed a	of enobelery	Ri Com	lin-	Vanau	10. W	e sear	0		RMED?
E CONTROLLEN	SURDERLYING T	20b. DES	CRIBE HOW INJURY OCCURRE	D. (En)er nøture	of injury in	Part I ar Part I		0 1101			
OR CONTRIBUTING	MEDICAL EXAMINER)	SIII	CRIBE HOW INJURY OCCURRE	s, LOFT	2/1/1	ai				are	de
		1	NJURY OCCURRED 20e. PL	ACE OF INJURY	(Home, far	20f. (City a		10	ounty)		(Stot
20c. TIME OF INJUR Haur o. m. p. m.	19	While	k Nat while fo	ctary, street offic	e bldg., et	c.)					
21. I certify th	at I attended the	deceas	ed fram lucas	1959	, to C	luqu	19195	that I la	st sav	the d	leceas
alive an_ a	rup f	. 19	55, and that death			- /	e causes an	d an the	date	stated	dabo
- A	21		7-7-	1	1		et, city or tawn,				E SIGN
ACTUAL SIGNATURE	Uversi	ua	u	M.D.	up	9,19	5-9				
PHYSICIAN'S NAME (Type)	s.c. weism	AN		_59_0	REEN	ST.M	UMBERLA	ND, M	D.		
BUTTAL (Specify)	Aug. 12,		Philos Ce				on (City, tawn, cornpor		d.	(Stot	re)
23. FUNERAL DIRECTOR		Cumb	ADDRESS erland, Md.		24g. REC	BY REGISTR	4.00	STRAR'S SIC			

TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after feath. Page 4 may be retained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director.

Page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, or remavol, and in any event within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificote be executed within 24 hours after

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phone	TANKAN TANKAN		
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X DE C	Tipes attended to		THE OWNER OF THE PERSON NAMED IN
12 July 6	S THE PERSON		
	San J. San J.		CONTRACT STREET
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		ta day ere. Veele	
	The state of		
	MELCO DIVERSIMANTE		
ort, M.	garagosi yində	wing gerring 69	CL, L. DA LITTLE
	*	bot bors Frede	#3 # # # # # # # # # # # # # # # # # #

M

eath. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTICICATE OF DEATH

08568

	8594	CERTIFICA	AIE OF DEF	AIII		Reg. Dist. N	lo.
1. PLACE OF DEATH			2. USUAL RESIDENCE	E (Where deceased		n: Residence be	efare admission)
	llegany	MARYLAND	o. STATE	rland	b. COUNTY	A110	CONV
b. CITY OR TOWN	(If outside carporate limits, w	rite c. LENGTH OF STAY IN 16		V Land N (If outside corpord	ata limite write PI		gany
RURAL and give i	nearest tawn)		00 -		are minis, write KC	KAL ONG GIVE I	nearest town)
Cumber			11	berland			
OR INSTITUTION			d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM?
342	Baltimore	Ave.	342	Baltimo	re Ave		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mant	h :	Day Year
(Type or print)	Howard	Wavne	Arnold	OF DEATH	Augu	et 9	9 1959
S. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	19			AR IF UNDER 24 HRS
10. 1	1400	DOWED DIVORCED			last birthday)	Manths Days	
Male			December	5.1901	57 yrs.		
during most of wa	rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign cou	intry)	12. CITIZEN	OF WHAT COUNTS
Tree S	urgeon	Forestry	Thoma	as. W. V	a.	U.	S. A.
3. FATHER'S NAME			14. MOTHER'S MAID				
Lew	is W. Arnol	d	KXXXXXX	W Money	Hobb		
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 117.	INFORMANT	Mary	Hebb	ess	
(Yes, no, or unknown)	(If yes, give war or dates of service)						
No		226-10-8748 M	rs. Howard	d Arnold	342	Baltim	ore Ave.
	ATH [Enter anly one cause	per line far (a), (b), and (c).	100	0		IN COL	NTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cancer 4th	s alcolo	der		0.	7-61-01
181.0	DUE TO						1
Conditions, if	any which)						
gove rise to	immediate		-				
couse (a), stating							
lying cause last.							
PART II. O1	THER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
5							YES NO
20g. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injur	ry in Part I or Part I	II of item 1B.)		
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)						
20c. TIME OF INJU Haur o. m.	RY Manth, Doy, Year 2	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY IHome,	form. 20f. (City o	or town)	(Count	(State
Haur o.m.		/hile Nat while fa	ictory, street, affice bldg.	., etc.)		(Coom)	7) (31016
		t wark at wark					
21. I certify t	hat Lattended the dec	ceased from 8 - 10	, 19.59 , to	5-29-	1959	that I last	saw the deceas
alive on	8-20-		occurred at 2:	20 M & Mm	the course of	nd on the d	late stated abo
	-0		r occorred delili		et, city or town, s		DATE SIGN
ACTUAL	Lead Russ	N				,	6-2-
SIGNATURE	Neuro 10100	1	M.D				\$ 30-
PHYSICIAN'S		a.D					
	Lewis Bring	s M. D.		Greene S	t. Cum	<u>oerlan</u>	d, Md.
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	ON (City, town, ar	county)	(State)
Burial	" Aug. 31, 1	959 Davis Cer	netery	Davi	s. W.	Va.	
23. FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTR		TRAR'S SIGNAT	URE
	les L. Geor		nd, Md. DATE	EC. I DE		with the trace	
	_, _,	o I camborta	DATE			1 - 1 - 1 - 1	

may be retain the haspital ar attending physician.

TO FUNERAL D. OR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hour after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau the haspital ar attending physician. TO HOSPITAL O

VS A15 (4) 15M 10/S7

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E OF STREET, THE PARTY OF STREET		
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more of all A.S. Les below		
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may be red by the haspital or attending physician.

O FUNER MECTOR: After this certificate has been signed by the ottending physician and completely filled by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages I and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPITA TO FUNERA

VS A15 (4) 15M 10/57

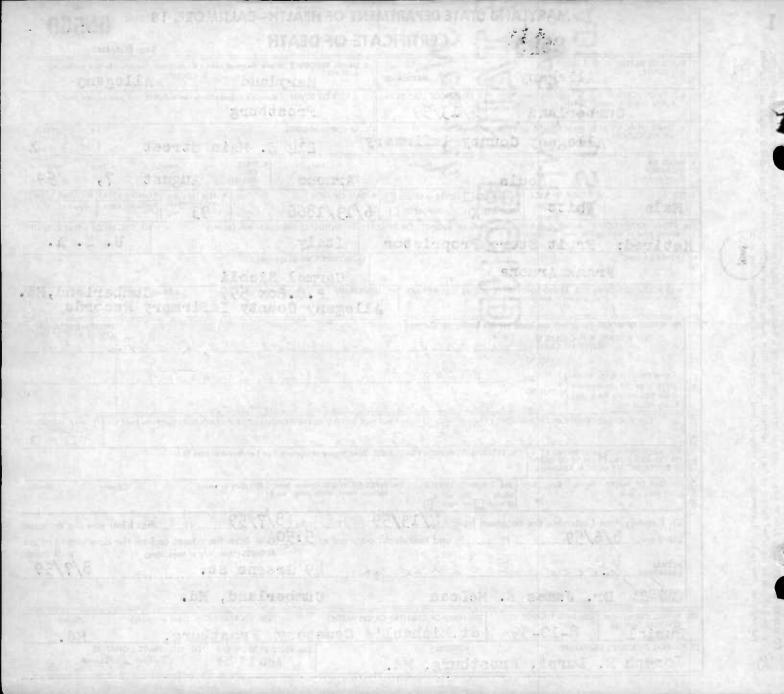
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08569

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH	Allegany	7	MARYLAND	2. USUAL RESIDENCE (W. o. STATE		d. If institution b. COUNTY	Residence bel	
	RURAL ond give no	mberland	4,	13/59	c. CITY OR TOWN (IF	outside corporate tburg	limits, write RUI	RAL and give n	earest town)
	d. NAME OF HOSPIT OR INSTITUTION	Allegany			d. STREET ADDRESS	E. Main	Stree	t	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First Lot		Middle	Arnone	4. DATE OF DEATH	Month		Pay Year
	Male	White	WIDOWED	NEVER MARRIED DIVORCED	6/13/1866	9. A	93 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
R	during most of work etired: FATHER'S NAME	(ing life, even if refired)		of Business or ind	Italy 14. MOTHER'S MAIDEN		r)		S. A.
		rank Arno			Carmel	Sicoli			
15. (Ye		R IN U. S. ARMED FOR((If yes, give war or dates of se		AL SECURITY NO. 17.	Allegany Co	ox 599 unty In	Addres	y Rec	rland, Md ords
		ATH [Enler only one country on	10	once T	hypeard	seles	egene		TERVAL BETWEEN NSET AND DEATH
7	gave rise to i cause (o), stating lying cause fast.	the under-		ule a	Deteriors	ation			
ICATION		Chr	bacc	BUTING TO DEATH BL	TINOT RELATED TO THE TERM	NAL DISEASE CO	NDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURYOCCURE	RED. (Enter noture of injury in	Port t or Port II of	item 1B.)		
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Yea		Not while	PLACE OF INJURY (Home, far factory, street, office bldg., et	m, 20f. (City or to	own)	(County	(Stote)
	actual signature	ot I attended the 16/59 Control James	, 19 Z.	2 Lea			e causes and city or town, sto	d an the de	saw the decease ate stated above DATE SIGNE 8/7/59
220	BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREO	F 22c.	NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, tawn, ar	county)	(Stole)
23	Burial FUNERAL DIRECTOR	0-10-		t.Michael	.'s Cemetery				Md.
		R. Durst,				'D BY REGISTRAR AUG 1 1 '59		Thun & To	,



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VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8596

CERTIFICATE OF DEATH

08570 Reg. Dist. No.

ALLEGANY			2. USUAL RESIDENCE (W	here deceased				ssian}
	,	MARYLAND	O. STATE MARYLAND		b. COUNTY	LLEGAL	NY	
	f outside corporate limits, v	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ote limits, write RI	URAL ond giv	ve nearest tov	n)
RURAL and give no	ND	9 DAYS	02 CUMBERLA	ND				
OK II 13111 O II O II	AL (If not in hospital WAR HOSPITAL	WTCKdree MEMORIAL AVES.,	/ d. STREET ADDRESS 34 BEDFO	RD STRE	ET		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First MADELIN	Middle Q	BIDDLE	4. DATE OF DEATH	AUGUST		Day	Year 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years Jast birthday)		YEAR IF UND	
FEMALE	WHITE W	DOWED DIVORCED	SEPTEMBER I	3.1897	61 yrs.	Months D	Pays Haurs	Min.
10a. USUAL OCCUPATIOn during mast of work Manager		10b. KIND OF BUSINESS OR INDU	COMPERLA	NU, MAR	untry) RYLAND		S. A.	COUNTRY
13. FATHER'S NAME DAVIC	BIDDLE		14. MOTHER'S MAIDEN REBECC	A HARTS	SOCK			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	INFORMANT		Addr	ess		
No.	(If yes, give wor or dates of service	214-05-817h M	EMORIAL HOSPI	TAL. CL	JMBER LAND	MARY	YLAND	
Conditions, if o gove rise to i couse (o), stoting	mmediate (DUT TO	Jusins.		116				
lying cause lost.	(c)	ONE CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE TERA	AINIAI DISEASE	CONDITION GIV	ENI INI DADT 1	1/a) 10 WAS	ALITOPS'
		ONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART I	PERF	ORMED?
PART II. OTH	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU		1.35		EN IN PART I	PERF	ORMED?
	AS UNDERLYING 20th	DESCRIBE HOW INJURY OCCURR		Port I ar Port	II af item 18.)		PERF	ORMED?
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a.m. p.m. 21. I certify th alive on ACTUAL SIGNATURE	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 19 101 attended the death cause of the death caus	20d. INJURY OCCURRED While of work of work at white ecceased from and that deat	ED. (Enter noture of injury in	m, 20f. (City	II af item 18.) or town)	(Co that I last d on the	rest (YES ((State
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a.m. p.m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AS UNDERLYING 20th CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 DR. OVERTA	20d. INJURY OCCURRED 20d. INJURY OCCURRED While Not while of work at work 19 59 and that deat N, HIMMELWRIGHT	ED. (Enter noture of injury in LACE OF INJURY (Hame, far actory, street, office bldg., et al., 19.55, to	m, 20f. (City Cary PM, from ADDRESS (Sh	or town) 1957 the causes on reet, city ar town,	(Co that I last d on the stote)	res [runty) t saw the dote state DA ND MD	(State
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur a.m. p. m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S	AS UNDERLYING 20th	20d. INJURY OCCURRED While of work of work at white ecceased from and that deat	LACE OF INJURY (Hame, far actory, street, office bldg., et h. occurred at 4:25 M.D. 233 VIRGOR CREMATORY	PM, from ADDRESS (Shell LOCAT	or town) 19 the causes on reet, city ar town, /ENUE_CUN	(Co that I last d on the stote)	rounty) It saw the dote state MD MD (St	(State

CONSESSION OF THE STATE OF THE The state of the s 别从25.11.21.21.31.31. CHETANAL OF MESSACE PROPERTY OF LOCAL CONTROL The Butter Buttern in the William Common Com The state of the s

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CERTIFICATE OF DEATH

Rea Dist No

					Keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY	LLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLAND	nere deceased lived. If institutio b. COUNTY	n: Residence before admission) LEGANY
RURAL ond give of	RLAND	15 DAYS	c. CITY OR TOWN (IF a	outside corporote limits, write RU	
d. NAME OF HOSP OR INSTITUTION MEMORIAL HO	ITAL (If not in hospital, give OSPITAL WA	MORTAL AND ARWICK AVES.	d. STREET ADDRESS 825 SH	IAWNEE AVENUE	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	FRANCIS	Middle RAY	Last BLOSE	4. DATE Monti	_
s. sex MA LE		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH AUGUST 13, 19	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
during most of wo	rking life, even if retired)	106. KIND OF BUSINESS OR IND 1st Nat 1 Bank	PENNASYL	VANIA Trade C	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	CARLTON BLOSE		14. MOTHER'S MAIDEN N	NAME HXX Mary Mat:	ilda Alabran
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES' (If yes, give war or dates of service		MEMORIAL HOSP	PITAL - CUMBERLA	
525 X Conditions, if gove rise to couse (o), stoting lying couse last	the under-	Purmo	early July	rosis, Emp	C) ONSET AND DEATH LOKE.
OF ACCIDENT A	/AS UNDERLYING ☐ 20b	ONS CONTRIBUTING TO DEATH BU DESCRIBE HOW INJURY OCCURR			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [2]
□ OR CONTRIBUTION	G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Year 10	20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, formoctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State
21. I certify to alive an		1959, and that deal	M.D. Tum	- /	ml 5-1059
Burial 23. FUNERAL DIRECTO	Aug. 11, 195	ADDRESS	Cemetery	22d. LOCATION (City, town, or Rural Valley D BY REGISTRAR 24b. REGIS	Pennsylvania TRAR'S SIGNATURE
John J. F	lafer. Cumber	beelmand beels	DATE	AUU TT OU	Certag S. Frances

Poge 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremotian, or removal, and in any event within 72 hours after death.

NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

VS A1S (4) 1SM 9/SB

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CERTIFICATE OF DEATH

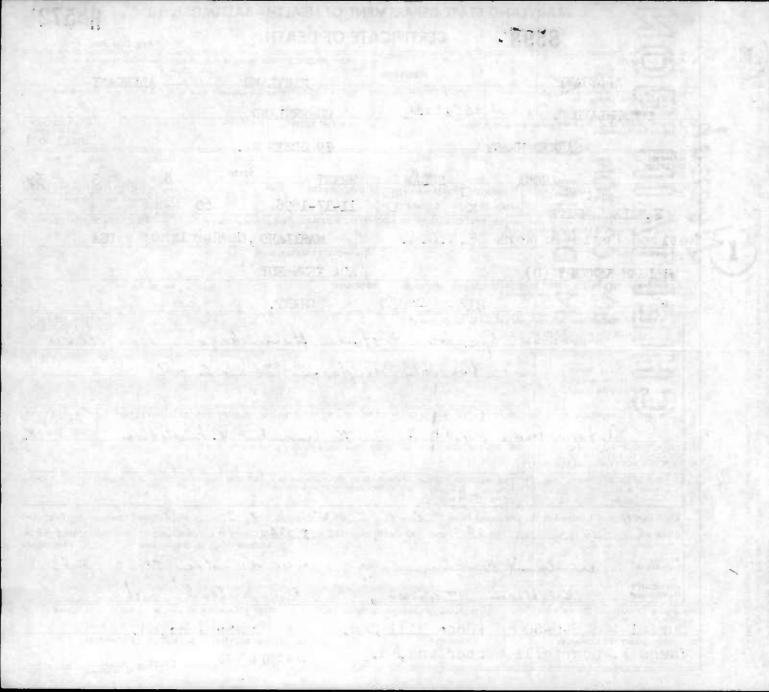
D	Disa	NI.
Reg.	Dist.	LAO.

	.0000	0_1(11110			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		MARYLAND	o. STATE	b. COUNT	
	(If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	CITY OF TOWN (IF	outside corporote limits, write	RUPAL and give negrest town)
RURAL ond give n	nearest town)		02		NO KAL ONG GIVE HOUSE TOWN,
CUMBE	RLAND	Lifetime	CUMBERL	AND	AS DESIDENCE
OR INSTITUTION	TAL (If not in hospital, give str	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	SACRED HEA	RT	#9 GREE	N ST.	YES NO
. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	nth Day Yeor
(Type or print)	TEONA	SUSAN	BRANT	DEATH 8	3 19 50
s. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
	WIDO	OWED TO DIVORCED	11-17-1898	last birthday) 60 yrs	Months Days Hours Min.
Og. USUAL OCCUPATI	LATH T'HE	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of wor	rking life, even if retired)			ND , Cumberlar	
Retired D	omistic Worl	k Y.M.C.A.			ICI USA
. FAIRER S NAME			14. MOTHER'S MAIDEN		
WILLIAM	KENNEDY (D)		ADA KENNNE	DY	
5. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	NFORMANT	Add	dress
No		213-22-4037	CHART		
18. CAUSE OF DE	ATH [Enter only one couse pe	er line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED BY:	Or stoo inte	L. 1 H.		ONSET AND DEATH
151X	IMMEDIATE CAUSE (o) DUE TO	yestro mis	ruel Man	nournage	IOMA
		0 11	1	54	
Conditions, if gove rise to	immediate	1088601 N	Loglasan	Stemach -	(
couse (o), stoting	the under-				7-12
lying couse lost.	, (c)				
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
3 (Interiordentic	Heart Disease	with Puris	wen Zibrille	YES NO NO
PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
	MEDICAL EXAMINER)				
		f.	ACE OF INJURY (Home, for		(County) (State
Hour o.m.		hile Not while work of ot work	ctory, street, office bldg., et	c.)	
			20 C-G .	2 7 105	
	hot I attended the deci	4		1	that I lost saw the deceosed
olive on	<u> </u>	2_1_, and that deoth	occurred at 7.32/		nd on the dote stated obove
ACTUAL				ADDRESS (Street, city or town	, stote) DATE SIGNED
SIGNATURE	William	P. Jane	M.D. 44616	of Centre	55 8-3-5-9
PHYSICIAN'S NAME (Type)	Willian	- PTauses	Cu	mherland	ud
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (Slote)
REMOVAL (Specify	8-5-59	Rose Hill	Cem.	Cumberland	Ma
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS			SISTRAR'S SIGNATURE
		Cumberland, Md.			
-10	*		DATE A	JG 6 '59 Q	the graph of

herol director th. Poge 4 TO HOSPITATE RIDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be read by the hospital or otherwise physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. :NDING PHYSICIAN: The low requires that the death certificate be executed within 24,

VS A15 (4) 15M 9/58



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8599

CERTIFICATE OF DEATH

08573

Reg. Dist. No

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1	183	ı
1		j

PLACE OF DEATH o. COUNTY

Allegany

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland

d. STREET ADDRESS

b. COUNTY Allegany

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Cumberland

222 Grand Avenue

4. DATE

e. IS RESIDENCE ON A FARM? YES NO T

3. NAME OF DECEASED (Type or print)

OR INSTITUTION

William

Allegany County Home

Middle Francis 6. COLOR OR RACE 7. MARRIED NEVER MARRIED

Breighner B. DATE OF BIRTH

August DEATH 9. AGE (In years

Yeor IF UNDER 1 YEAR IF UNDER 24 HRS.

Male

WIDOWED IX

DIVORCED T

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

at hirthday)

Months Days 12. CITIZEN OF WHAT COUNTRY?

during most of working life, even if retired) Retired - B. & O. Machinist/ Rwv.

Maryland Emmittsburg U. S. A. 14. MOTHER'S MAIDEN NAME

13. FATHER'S NAME

Joseph I. Breighner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

Annie Baker

17. INFORMANT P.O. BOX 599 Address Cumberland, Md.

No. 705-05-4787Allegany County Infirmary Records 18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO**

ONSELAND DEATH wadeu

Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost

DUE TO

20a. ACCIDENT WAS UNDERLYING [

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy. Year

Hour o. m.

20d. INJURY OCCURRED Not while at work at work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

(County)

21. I certify that I attended the deceased from 2/

. 19____that I last saw the deceased , and that death occurred at 6:45A M, from the causes and an the date stated above

DATE SIGNED

PERFORMED? YES NO T

(State)

ACTUAL PHYSICIAN'S NAME (Type)

James E. McLean

Cumberland, Md.

19 Greene St.

22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY St. Patrick's Cem. 22d. LOCATION (City, town, or county) Cumberland, Maryland

ADDRESS (Street, city or town, state)

23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George

ADDRESS Cumberland. Md.

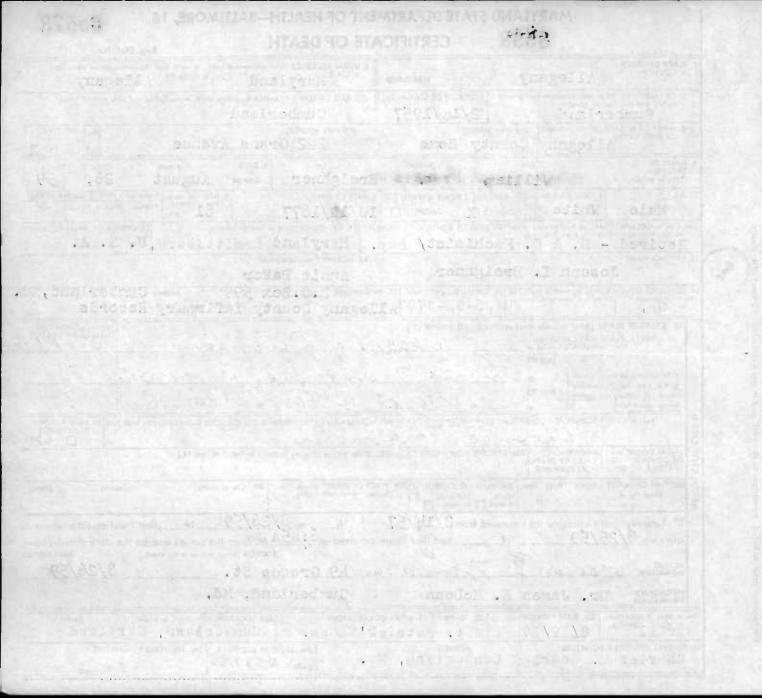
24g. REC'D BY REGISTRAR AUG 3 1 '59

Ci-it's of Trans

24b. REGISTRAR'S SIGNATURE

remove 72 hours attending TOR: Pe prior 3 should FUNER 0

VS A15 (4) 1SM 10/S7



	.TOR : After this certificate has been signed by the attending physician and camplete willed in by the funeral director,	detached far use as the burial-transit permit. Then please remave carban papery. Pages and 2 shauld be filed with	/
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by the haspital ar attending physician.	as been s	ial-transit	to burial, cremation, or removal, and in any event within 72 hours after death.
ending	icate h	the bur	or rem
al ar att	his certil	use as	matian.
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S TO HOSPIT R A ENDING PHYSICIAN: The law requires that		-		
VS	Al	5 (4}	
15/	W S	1/5	В	

	8658		CERTIFICA	AIL OI	DEAII			Reg. Di	st. No.		
1. PLACE OF DE o. COUNTY	Allegany		MARYLAND	2. USUAL R o. STATE	ESIDENCE (Wh	ere deceose	d lived. If institution b. COUNTY		e before		ion)
b. CITY OR T	OWN (If outside corporate limiting give nearest town)	s, write	c. LENGTH OF STAY IN 16		rton (If o	utside corpo	orate limits, write R	URAL ond	give near	rest town	1)
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, g UTION	ive street	oddress)	d. STREE	T ADDRESS				е		FARM?
3. NAME OF DECEASED (Type or print) Na njije		Middle atherine	Brown	Last	4. DATE OF DEATH	Aug.	th	Doy 29		Year 19 59
s. sex Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF B	189 9		9. AGE (In years lost birthday) yrs.	Months Months	Doys Doys	Haurs	R 24 HR Min.
100. USUAL OCCUPING MOST	CUPATION (Give kind of work of working life, even if retired LIC	lone 10b.	Own Home	`	Barton.		country)	12. CIT	IZEN OF	WHAT C	OUNTRY
13. FATHER'S NA	AME				R'S MAIDEN N						
George	Davis			Am	nie Wil	gon				-	
15. WAS DECEA (Yes, no, or unknown NO	SEDEVER IN U. S. ARMED FOR			INFORMANT	Davis		Add Barton, M	ress			
gove riscouse (o), lying caus PART	II. OTHER SIGNIFICANT CON	DITIONS C				383		'EN IN PAR	T 1(o) 19	WAS PERFO	AUTOPS' ORMED? NO
	ENT WAS UNDERLYING D BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter notur	e of injury in f	Port I or Po	rt II of item 18.)				
20c. TIME O Hour	F INJURY Month, Doy, Yes o. m. p. m. 19	20d. It While of wor	Not while fo	ACE OF INJUR			y or town}	(1	County)		(Stat
21. I ceri alive an ACTUAL SIGNATURE PHYSICIAN NAME (Typ	98Bi	deceas , 19	ed fram SepX 9, and that death	n accurred	at_98	M, fram	the causes an	d an the		stated	
220. BURIAL, CR REMOVAL (BUTIAL	EMATION, Specify) 9/3/59	F	22c. NAME OF CEMETERY C	OR CREMATORY	1		TION (City, town,	or county)		(Stot	e)
23. FUNERAL DI	REGTOR'S SIGNATURE	7	ADDRESS, Westernport,	Md'.	24a. REC'I	D BY REGIS	TRAR 24b. REGIS	STRAR'S SI	GNATUR	E	

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John J. Hafer, Cumberland, Maryland

	0000	CERTIFICA	AIE OF DEATH			Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	and	d lived. If institution b. COUNTY	Alle	egany	odmission)
b. CITY OR TOWN (If a RURAL and give near Cumberland		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		orate limits, write R	URAL ond	give neare:	it town)
d. NAME OF HOSPITAL	L (If not in hospital, give street South Street	address)	d. STREET ADDRESS		treet			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle BENJAMIN	Lost BURNER	4. DATE OF DEATH	Man	th	Day	Year
02		NED NEVER MARRIED	B. DATE OF BIRTH Oct. 5, 1880		9. AGE (In years last birthday) 78 yrs.	IF UNDER Manths		19 59 UNDER 24 HRS. laurs Min.
Retired Bo	(Give kind of work done 10b. ig life, even if retired) oiler Mkr. B	KIND OF BUSINESS OR INDU	ad Woodstocl	c, Vi		12. CI1	USA .	WHAT COUNTRY
	ner		14. MOTHER'S MAIDEN N					
15. WAS DECEASED EVER (Yes, no, or unknown) (If	yes, give wor or dates of service)		nformant s. Marvin Car	mobell	35 St			t ryland
PART 1. DEATH 450.0 Conditions, if ony gove rise to im- case (a), stating th lying couse lost.	mediate DUE TO (c)	Myodas Derten	ocleaf E	Faisis	lure.	/	ONSET	AL BETWEEN AND DEATH
PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE				EN IN PAR		WAS AUTOPSY PERFORMED? ES NO
20c. TIME OF INJURY Hour o. m. p. m.		Not while to	ACE OF INJURY (Home, farm ctary, street, office bldg., etc	20f. (City	or tawn)	(County)	(State)
actual signature	Fl attended the decease 195	1, and that death	N.D. 195, to Construct the second sec	ADDRESS (S	treet, city or fown,	end on t		the decease stated above DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) Burial	, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, o	or county)	and	(State)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	24a. REC'	D BY REGIST	TRAR 24b. REGIS		GNATURE	

DATE

O FUNERA CRECTOR: After this certificate has been signed by the attending physicion and completely fille by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours ofter death. hospital or attending physicion. TO FUNER

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:NDING PHYSICIAN: The low requires that the death certificate be executed within 24

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Page 4

TO HOSPITA VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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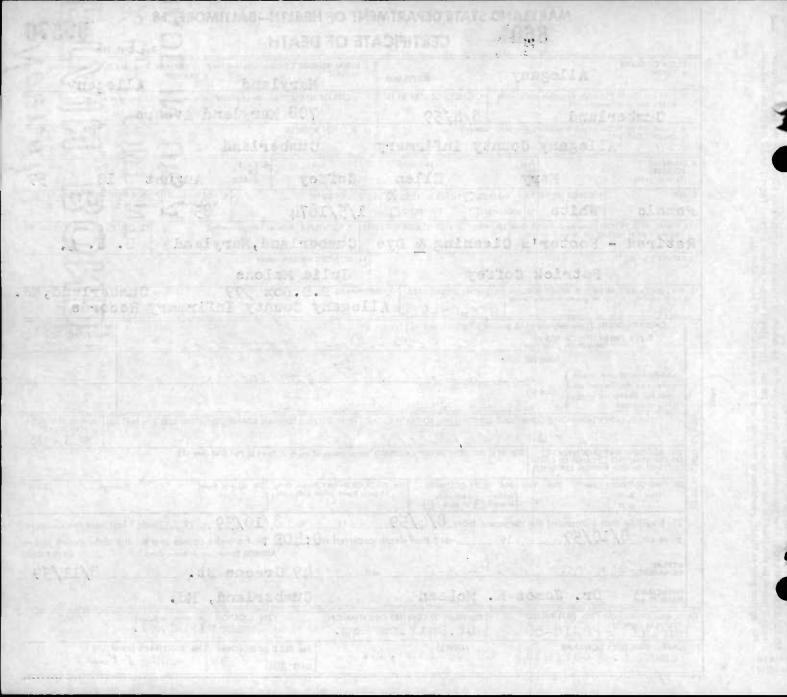
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NDING PHYSICIAN: The law requires that the death certificate be executed within 24

may be r TO HOSPIT VS A15 (4) 15M 10/57

		CERTIFICA	TIE OF DEAT		Re	eg. Dist. No	
1. PLACE OF DEATH g. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		d. If institution: I b. COUNTY	Residence befo	
RURAL and give n		8/11/59	c. CITY OR TOWN (IF	outside corporote l Marylan			arest town)
OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	erland	u Avoir	10	e. IS RESIDENCE ON A FARM? YES NO DA
3. NAME OF DECEASED (Type or print)	First Mary	Middle Ellen	Coffey	4. DATE OF DEATH	Month August	t 10	y Yeor
5. SEX Female	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH 1/5/1874	9. A	GE (In years IF I		R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATI during most of wor Retired	ON (Give kind of work done 10b. rking life, even if retired) Footer's C1	kind of Business or Industrial			The second second		F WHAT COUNTR
13. FATHER'S NAME	Detriel Coff	0	14. MOTHER'S MAIDEN				
15 WAS DECEASED EVI	Patrick Coff ER IN U. S. ARMED FORCES? 16.	•	Julia Ma			Alamala	mland M
(Yes, no. or unknown)	(If yes, give war ar dates of service)		llegany Cou		firmary	Reco	rland, Mo
IB. CAUSE OF DE	ATH [Enter only one couse per line ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		sary H	11000	tasis	INT	ERVAL BETWEEN SET AND DEATH 24 Krs
592 X Conditions, if a		Perelial a	erteriosc	Perose	2		?
couse (o), stating lying couse last.		Chronic ?	rephritis				7,
CAT	HER SIGNIFICANT CONDITIONS O	1	NOT RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)	PERFORMED?
O HE EITHER, NOTIFY	AS UNDERLYING TO COULD AS UNDERLYING TO COULD AND COULD	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Part II of	f item 18.)		
20c. TIME OF INJUI Hour a. m. p. m.	While	NJURY OCCURRED 20e. PLA Not while k of work	ACE OF INJURY (Home, for story, street, office bldg., et	m, 20f. (City or to	own)	(County)	(Stole)
alive an_8/	not I attended the deceas 10/59, 19	ed from 8/14/59 and that death	, 19, ta accurred a 9:40 1	8/10/59 P_M, from the ADDRESS (Street,	e causes and	an the da	aw the decease ite stated abov DATE SIGNI
ACTUAL	auco 6.12	Leou.	M.D. 19 (reene !	St.		8/11/59
PHYSICIAN'S NAME (Type)	Dr. James E.	. McLean	Cumi	perland	, Md.		
220. BURIAL, CREMATIC REMOVAL (Specify BULLAL	0N, 22b. DATE THEREOF 8-I3-59	22c. NAME OF CEMETERY OF St. Patrick		Cumber	(City, town, or correction), M	ounty)	(Stote)
23. FUNERAL DIRECTOR James F.	s Scarpelli (Cumberland, M	d . 240. REC	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATU	



FOR STATE HEALTH DEPT.

our files.

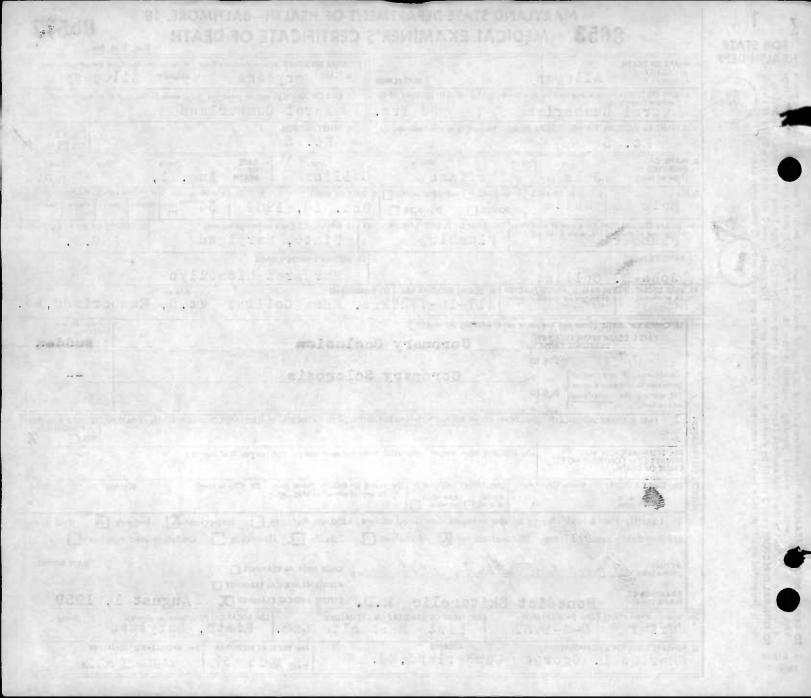
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TO DEPUTY MEDI **EXAMINER: This certificale should be executed within 24 hours after death. If any is necessaried, certificate world "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the stand distribution of should be the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremation, ar removal, and in any exploit within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8653 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		,000									Reg. I	Dist. N	0.	
	ACE OF DEATH COUNTY	Alleg	any		MARYLAN		o. STATE Ma			ed lived. If instit b. COUNT			any	ission)
b.	and give nearest lov	(If outside corporate learn) Cumber		c. LENG	th of stay in 1 54 Yrs		c. CITY OR TO			porate limits, write	RURAL or	nd give	neorest fo	iwn)
d.	Rt.	TAL OR INSTITU	TION (If not	in haspital, give	street address)	1	Rt.	RESS 5					ON	ESIDENCE A FARM?
DE	CEASED rpe or print)	John	First	Hoffma	Middle a n	Со	llins		4. DATE OF DEATH	Aug.		Doy		70ar 9 5 9
5. SE	Male	6. COLOR OF Whit	0	MARRIED NE	VER MARRIED	1	t. 18,	1	904	9. AGE (In years 54 prihady) yrs.	Months	R 1YEAR Days	Hours	ER 24 HPS. Min.
10a. I	Plumbe	ION (Give kind of the country of the	f work done etired)	Plumb		USTRY	Pinto				12. CI		J.S.	COUNTRY
13. F.	ATHER'S NAME					14.	MOTHER'S MAI	DEN I	NAME					
	John H.	. Colli	ns				Marga	re	t Lle	wellyn				
15. V		VER IN U. S. AR/	MED FORCES?		CURITY NO. 17 0-7729 M	infoi		Co	llins	Rt.5		nbei	rlan	d, Md
1		ATH (Enter only ATH WAS CAUSE IMMEDIATE CA	D BY:		ond (c). }	Occ	lusion					INTE	EVAL TETW ET AND DE	
	420.1 Conditions, if		OUE TO		ronary									
	pove rise to imm o), stating the couse lost.	ediate cause	(b) OUE TO (c)		or onar y	Ç.	101 081	n						
CATION	PART II. O	THER SIGNIFICAN	T CONDITIO	NS CONTRIBUTIO	NG TO DEATH BU	T NOT	RELATED TO THE	TERM	INAL DISEAS	E CONDITION GI	VEN IN PA		19. WAS PERFO YES [AUTOPSY DRMED? NO X
CERT	Og. EXTERNAL CARRIMARY OF CO	AUSE WAS ONTRIBUTING []	20b. DE:	SCRIBE HOW IN	JURY OCCURRED). (Enter	noture of injury	in Por	t I or Part II	of item 18.)				
MEDICAL	Hour a. m	1.	Doy, Yeor	20d. INJURY OC While No of work of	t white f	PLACE C	OF INJURY (Homestree), office bld	e, forn g., etc	n, 20f. (City	or town)	(Co	ounly)		(State)
		that I took o				-		_ `	_	nspection E , Undete		mann		id in my
	ACTUAL SIGNATURE	Tenea	lect &	Skita	relic	М.	D. CHIEF MEDI			R 🗀			DATE	SIGNED
	EXAMINER'S NAME (Type)	Bene	dict	Skitar	elic M	D.	DEPUTY MEE	DICAL	EXAMINER [X Aug	gust	1,	195	9
220. E	BURIAL, CREMAT	ION, 226. DATE		ZZc. NAM	E OF CEMETERY			em.	Pil	TION (City, lown, Ma	ryla		(Stot	(0)
-	harles	L. Ge	rge	Cumber	land, Mo	d.			UG 5		ISTRAR'S SI			



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CUMBERLAND, MO. - DENGRIME MOSPHINE

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HEST & LADON

JUE 11, 1958.

LULIAN V. ZORIC

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Eurich Aug. 21,1959 Valley Porge Cometery Horristown, Pa.

Johnson & Son Berlin, Pa.

Promote Games & Trans.

CEDTIEICATE OF DEATH

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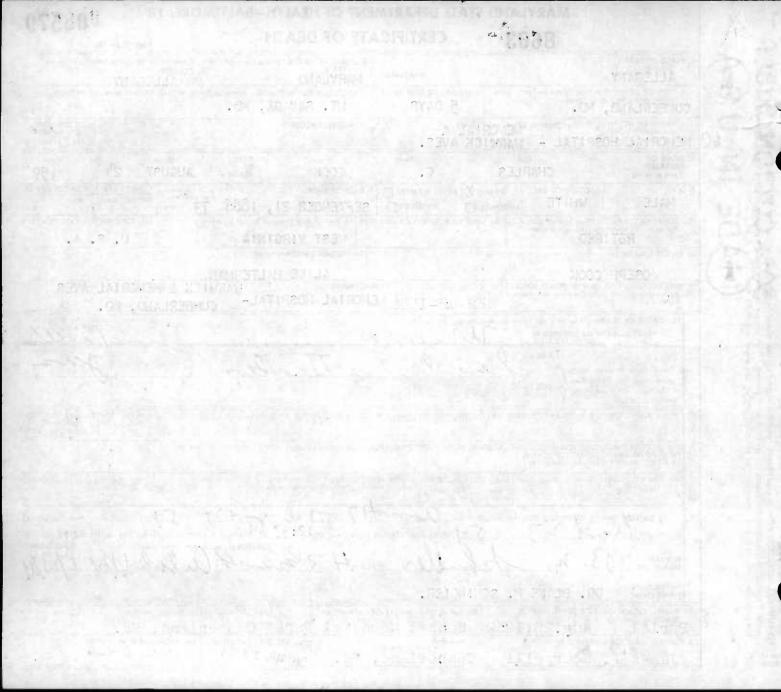
		800	3	CERT		AL OI	DEATI			Reg. Dist. N	No.
1	PLACE OF DEATH O. COUNTY ALLEGANY			MAR	YLAND	2. USUAL RES o. STATE MARYLA		ere deceased	lived. If institution b. COUNTY	on: Residence be	efore admission)
	L CITY OR TOWN (III RURAL and give ne	outside corporate limit arest town)	s, write	5 DAYS	IN 16		SAVAGE		rote limits, write R	URAL and give	nearest town)
	d. NAME OF HOSPIT. OR INSTITUTION MEMORIAL HO	AL (If not in hospitol, g	THE POPULATION OF THE PERSON O	dat' & CK AVES.		d. STREET	ADDRESS				e. IS RESIDEN ON A FAR/ YES NO
3	. NAME OF DECEASED (Type or print)	CHAR		C •		COOK		4. DATE OF DEATH	AUGU:		Day Yeor
S	MA LE	6. COLOR OR RACE WHITE	7. MARRIE			B. DATE OF BIRT		1886	9. AGE (In years lost birthdoy) 73 yrs.	Months Day	AR IF UNDER 24
1	0a. USUAL OCCUPATION during most of work RET I	ing life, even if retired)	lone 10b. K	IND OF BUSINESS	OR INDUS		VIRG		untry)		S. A.
i	3. FATHER'S NAME	LA CONTRACTOR				14. MOTHER	S MAIDEN N	AME			
	JOSEPH	COOK				AL	ICE HA	LTERM	AN		
	S. WAS DECEASED EVER	R IN U. S. ARMED FORG If yes, give war or dates of se	rvice)	OCIAL SECURITY NO 32-26-17		MORIAL		WA	RWICK ⅆ		
		TH [Enter only one courth WAS CAUSED BY: tMMEDIATE CAUSE (o)		for (a), (b), and (c)	wa	N					NTERVAL BETWEE
	Conditions, if ar gove rise to in couse (o), stoting to	nmediote (DUE TO	Ire	ineuly	d	art	Lur	lev	~.		Zears
TATION	PART II. OTH	er significant conf	DITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART 1(o	19. WAS AUTO PERFORMED YES NO
OFFICIOATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY O	OCCURRE). (Enter noture	of injury in f	ort I or Port	II of item 1B.)		
TO DIE	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of work	URY OCCURRED Not while of work		ACE OF INJURY story, street, office			Or town)	(Coun	aty) (S
	21. I certify the alive an ACTUAL	at I attended the	decease _, 19		t death	accurred at	12:37		the causes an	d an the do	aw the decedate stated ab
	PHYSICIAN'S NAME (Type)	DR. BLANE	M. SC	HINDLER.	V	M.D		is in	_ Unil	start !!	7-0/25
2	20. BURIAL, CREMATIO REMOVAL (Specify) Burial	Aug. 26.		22c. NAME OF CEA Sunset		1 70	Park	22d. LOCAT	ion (City, town, oberland	or county)	(Stote)
2	James F.			ADDRESS Cumberl	and,	Md.	240. REC'	BY REGIST		STRAR'S SIGNA	

and campletely filled in by the funeral director, ban papers. Pages 1 and 2 should be filed with The law requires that the death certificate be executed within TO HOSP OR ENDING PHYSICIAN: The law requires that the death certificate b may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician Then please page 3 shauld be detached for use as the burial-transit permit. the registrar priar to burial, crematian, ar remaval, and in any

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VS A1S (4) 1SM 9/SB



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8604

CERTIFICATE OF DEATH

Pen Dist No

										Keg. Dis	. 110.	
a. CC	LLEGANY			MA	RYLAND	2. USUAL RESID	ARYLA		lived. If institut b. COUNT			mission)
b. CI	TY OR TOWN (III RAL and aire no UMBERLAT	f outside corporate limit grest town) ND	s, write	c. LENGTH OF STA			OWN (IF O		te limits, write	RURAL ond g	ive nearest (lown)
d. N	EMORIAL	AL (If not in hospital) HOSPITAL	AVE AVE	(ddes)MEMOR	IAL	d. STREET A		ST SEC	OND STRE	EET	0	RESIDENCE N A FARM
3. NAM DECE (Type	E OF ASED or print)	Firs LLOYD		Midd R.		CORNWELI		4. DATE OF DEATH	AUGUS	onth ST	Day 14	Yeor 159
5. SEX MA	LE	6. COLOR OR RACE WHITE	7. MARRI			8. DATE OF BIRTH		707 0	. AGE (In years last birthdoy) 4 yrs	Months	Days Hou	-
F	ng most of work	ON (Give kind of work ding life, even if retired) ROUNG NOUSE		Railroa		MAR1	KLAND	(Cum	oerlan		S. A	
	ER'S NAME	CODMICT				14. MOTHER'S			1			
		CORNWELL	FC2 14 C	SOCIAL SECURITY N	10 1	NFORMANT	A DE I H	MORR IS		dress		
Yes, no, o		If yes, give war or dates of se	rvice)	4-05-87		MEMORIAL	HOSP	ITAL	CUMBERI		MARYLA	ND
g c cau lyi	onditions, if or over ise to in use (o), stoting to ng couse lost.	mmediate (ONTRIBUTING TO	SEATH BLIT	NOT BELATED TO	THE TERM	INIAI DICEACE	COMPLICAN G	IVENT INT BADT	1/c) 18 W	AS ALITO
ICATION	PARI II. OTH									IVEN IN PARI	PE	RFORMED?
U OR (IF E	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in	Part I or Port I	I of item 18.)			
WEDICAL 20c.	TIME OF INJURY Hour o.m. p. m.	Y Month, Doy, Yea	While	Not while of work		ACE OF INJURY (Fitory, street, office			or town)	(C	ounty)	(St
ali	I certify the	at I attended the	decease , 195		at death	occurred at	2:07 2:07				date sta	
PHY	SICIAN'S WE (Type)	DR. WILLIA	M4.	WILLIAMS	an	122	S. CE	NTRE \$1	REET, (UMBERI	LAND,	MD.
REA	RIAL, CREMATION NOVAL (Specify)	8-17-19		22c. NAME OF CE Sunset			rk	-	on (City, town, erland	3.5	,	Stote)
23. FUNI	ERAL DIRECTOR"		11. 11.	ADDRESS			24a. REC'	D BY REGISTR	AR 24b. REG	ISTRAR'S SIG	NATURE	
Jan	nes F.	Scarpell:	i , Cur	mberland	i, Mc	1.	DATE AND	G 1 8 '59	C.	Then 8	do .	

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VS A1S (4)

15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08581 CERTIFICATE OF DEATH 8605 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 10 DAYS CUMBERLAND. d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
MEMORIAL HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 519 CITY VIEW TERRACE YES NO X NAME OF 4. DATE Middle Last Day Year DECEASED OF MARGERY (Type or print) V. DAVIS AUGUST 19 59 B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeors lost birthdoy) Months Doys NOV. 20. 1924 FEMALE WHITE WIDOWED T DIVORCED M 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ownhome HOUSEWIFE CUMBERLAND, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK NIXON ALMADA SMELTZER WARWICK & MEMORIAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO orean section and tubal a ration Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 296. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work ot work 8-20 21. I certify that I attended the deceased from . 19 5, that I last saw the deceased and that death accurred at 1:35A.M., from the causes and on the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S DR. LEWIS BRINGS NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Burial (Specify) Davis Memorial Cem. Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24h. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur & Krains James F. Scarpelli Cumberland, Md. DATE

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TO HOSPY OR ENDING PHYSICIAN: The low requires that the death certificate be executed within 2 as after may be the haspital ar attenting physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs prior adoption.

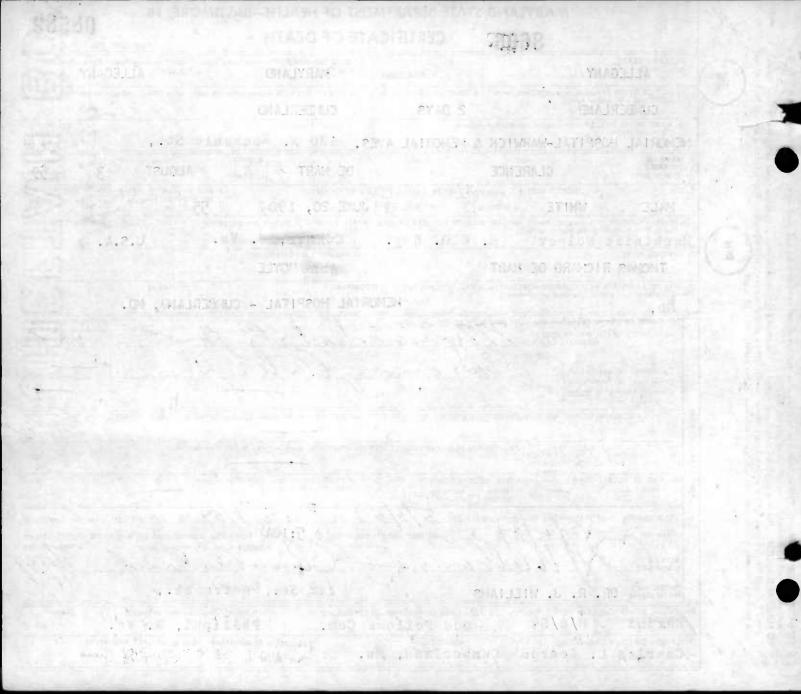
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		86	106	CERTIF	ICAT	E OF DEA	AID.			Reg. D	ist. No		
1.	PLACE OF DEATH	NY		MARYLA	AND 2.	USUAL RESIDENCE O. STATEMARYL	E (Where dec		. If institution b. COUNTY		EGA		ion)
	b. CITY OR TOWN (IF RURAL and give ne CUMBERL	prest town)	its, write	2 DAYS	4 1b	2 CUMBER		arporate li	mits, write R	URAL and	give ne	arest tawr	1)
N	d. NAME OF HOSPITA	AL (If nat in haspital, g	F-10-7		AVES.	d. STREET ADDRE	SS	hani	c St.	•			FARM?
3.	NAME OF DECEASED (Type or print)	CLAR	ENCE	Middle		DE HART	4. DA	TE ATH	AUGU		3	y ,	Year 1959
5.	MA LE	6. COLOR OR RACE WHITE	7. MARRIE	NEVER MARRIED DIVORCED		JNE 20, 1	1904	9. AC	E (In years t birthday) 5 yrs.	Months	R 1 YEAR Days	Hours Hours	Min.
N	during most of work	ng life, even if retired	dane 10b. Ki	& O. Rwy		Edkmar	W.	Va.			TIZENO	F WHAT C	OUNTRY?
13.	THOMAS R	ICHARD DE	HART		1.	Anne H							
	WAS DECEASED EVER s, no. or unknown)	IN U. S. ARMED FOR f yes, give war or dates of s		OCIAL SECURITY NO.		RMANT	TAL -	CUMBE	RLAND				190
7	Conditions, if an gave rise to in couse (a), stating the lying couse last.	he <u>under-</u> DUE TO	C	aron	au	y ar	ter	e K	lise	0.31	0	72	-763
CERTIFICATION				NTRIBUTING TO DEAT						EN IN PA	RT 1(0)	PERFO	RMED?
	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	206. DESCR	IBE HOW INJURY OCC	CURRED. (E	nter nature at inju	iry in Part I a	Part II of	ifem IB.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. INJ While at work	Nat while		OF INJURY (Home , street, affice bldg		(City or to	wn)		(County)		(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DR	of I attended the	5.98 Ille	and that of	death ac	122 S	IOAM, fr	om the o	city or lown,	d on th		e stated	
220	BENDA (Specify)	8/6/59	OF .	22c. NAME OF CEMET Odd Fell				ilip	City, town,		a.	(Stat	e)
23.	Charles		e Cu	ADDRESS mberland,	Md.		REC'D BY RE	GISTRAR '59	24b. REGIS	STRAR'S S			



Rea. Dist. No

	000						
1. PLACE OF DEATH o. COUNTY	LLEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYLA	The second	b. COUNTY	idence before odm LEGANY	ission)
b. CITY OR TOWN RURAL and give CUMBER!		ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RURAL o	and give nearest to	wn)
OR INSTITUTION	PITAL (If not in hospitol, give st AL HOSPITAL	reet oddress)	d. STREET ADDRESS 429 GO	ETHE STRE	ET	ON	A FARM?
3. NAME OF DECEASED (Type or print)	First JOSE	Middle M.	DORSEY	4. DATE OF DEATH	Month AUGUST	28	Yeor 1959
S. SEX MALE	11111	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH AUGUST 10,	190I 9. AG	E (In years IF UN birthdoy) Mont	IDER 1 YEAR IF UN ths Doys Hour	-
100. USUAL OCCUPA during most of w Pipefit 13. FATHER'S NAME OWEN DO	ter	CELANESE, Text	11. BIRTHPLACE (SIGNE 11. WEST VIR 14. MOTHER'S MAIDEN MOLLIE K	GINIA KE	yser 12	.CITIZEN OF WHA	
15. WAS DECEASED E (Yes, no, or unknown) NO	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-07-639 3ME	NFORMANT WAR	WICK & ME TAL - CUM	MOR PALESS AS IBERLAND,	VENUE,	
Conditions, if gove rise to couse (o), stotic lying couse los	immediate DUE TO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CON	IDITION GIVEN IN	PART 1(o) 19. WA	S AUTOPSY FORMED?
○ CONTRIBUTION ○ CO	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)		NO P
	URY Month, Doy, Year 20		ACE OF INJURY (Home, for ctory, street, office bldg., et		wn)	(County)	(Stote
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DR. LEO LEY	Jey Jand that death	, 1959, ta_ accurred at 12:10 M.D. 457 Quen	8/28 AM, from the a ADDRESS (Street, o N Levlant	causes and an	I last saw the the date stat	
220. BURIAL, CREMATE PUPIAL (Special Burial)	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	or CREMATORY		City, town, or court	, , ,	tote)
23. FUNERAL DIRECTO		i Cumberland.	240. REC	D BY REGISTRAR	24b. REGISTRAR	S SIGNATURE	-1

TO HOSP OR ENDING PHYSICIAN: The law requires that the death certificate be executed within may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs, after death.

funeral directar,

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Pages 1 and

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VS A15 (4) 15M 9/58

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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8608

CERTIFICATE OF DEATH

	Reg. Dist.	. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
ALLEGANY MARYLAND	MARYLAND ALLEG	ANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)
CUMBERLAND 2 DAYS	CUMBERLAND	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
WARWICK & MEMORIAL AVENUES	434 WALNUT STREET	YES NO NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) CHARLES C.	FORSTER DEATH AUGUST	27. 19 59.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	S. S. A. S.	YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED DIVORCED	MARCH 15. lost birthdoy) Months D	Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY
Acetate Dept. Celanese Corp.	MARYLAND U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 4 7/4
JOHN FORSTER	CATHERINE WIEGAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give wor or dates of service)]	INFORMANT Address	
Yes W. W. I. 217 10 4032	MEMORIAL HOSPITAL - CUMBERLAND.	MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)-]	/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Ladra fader	ONSET AND DEATH
MMEDIATE CAUSE (o) DUE TO		1
Conditions, if ony, which)	T. Henrylan	
gove rise to immediate DUE TO	you of the	
couse (o), storing the under-	and the same	1. = ~ .
, 0	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE REPORT OF THE PERMITTER STATE CONDITION OF THE PERMITTER OF THE PERMIT	YES NO DA
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)	1
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town) (Co	unty) (Stote
To White Had white	octory, street, office bldg., etc.)	
(2/2)	E133 - E.	
21. I certify that I attended the deceased fram. 8/22	1937, ta 8/22, 1927, that I last	
alive an 1921, and that deat	th accurred at 10:40AM, from the causes and an the	
ACTUAL () 0 0 - M / 1 1 1 1 1	ADDRESS (Street, city or town, stope)	DATE SIGNER
SIGNATURE	M.D. Joy gov grand toll	1-8/1-157
PHYSICIAN'S THE MAN SIMON	1 / 1 / 1 200 /	
NAME (Type) TR. A. VAN ORMED.	cognition My	
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, fown, or county)	(Stote)
Burial Aug. 30, 1959 Greenmount		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
John J. Hafer, Cumberland, Md.	DATE SEP 1 59 CILLING &	Times

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	Tel 1878/00			
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371 1 10	8603	CERTIFICA	AIE OF DEATH		Reg	. Dist. No.	
PLACE OF DEATH COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLAND		If institution: Res COUNTY ALLEG		(mission)
CUMBERLAN	(If outside corporate limits, write legrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	williams			
d. NAME OF HOSPI	TAL (If not in hospWARW I'CK HOSPITAL AVE	od THEMORIAL	d. STREET ADDRESS		noney o	e. IS	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	ZELDA	MARGARET	GOSS	4. DATE OF DEATH	Month AUGUST	Day 12	Yeor 1 5 9
5. SEX FEMALE	6. COLOR OR RACE 7. MARE WIDOW	A	B. DATE OF BIRTH ** MARCH 23	9. AGE	(In years IF UN oirthdoy) yrs.	ths Doys Ho	INDER 24 HRS ours Min.
10a. USUAL OCCUPATI during most of wo	ON (Give kind of work dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INDUS		IRGINIA R		U. S.	
AMOS,	BENNETT		MAY PYL	ES		ded of	
15. WAS DECEASEDEV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16.		NFORMANT EMORIAL HOSPI	TAL, CUMBE	Address RLAND,	MARYLAND)
	ATH [Enter only one couse per-limited at the course per-limited at the course to the c	ne far (a), (b), and (c).] Rain Melso	tias				L BETWEEN
Conditions, if gove rise to couse (o), stoting lying couse lost.	immediate DUE TO	ircinoma (ewix w	the du	int	70	of mys
-	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN	PE	AS AUTOPSY
	AS UNDERLYING 20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of its	em 1B.)		
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Doy, Year 20d. Ii While of wor	Nat while foo	ACE OF INJURY (Home, form tory, street, office bldg., etc	20f. (City or town	1)	(County)	(Stote
alive on	hat I attended the decease 12 any 199 are Brunder Brun	and that death	occurred at 8: 50P	W from the co	uses and on	I last saw the the date sto	
220. BURIAL, CREMATION REMOVAL (Specify Burial		22c. NAME OF CEMETERY O		22d. LOCATION (C			(Stote)
23. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR	24b. REGISTRAR	'S SIGNATURE	7.4

director,

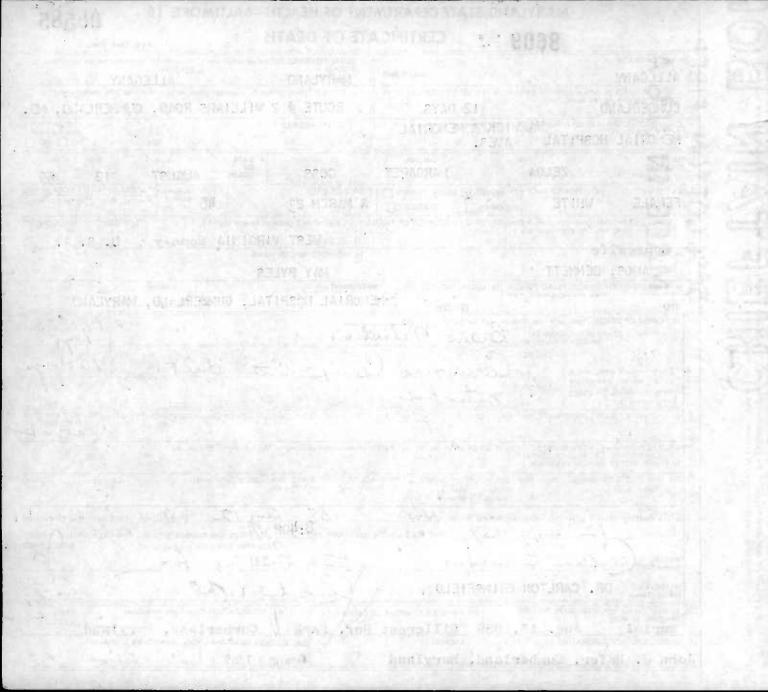
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funeral 2 shauld Pages 1 and campletely filled in papers. Pages 1 and after death. and requires that the death certificate be car attending physician

TO HOSPI OR NDING PHYSICIAN: The taw requires was may be dead by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the burial-transit permit. Then please the registrar priar ta burial, crematian, ar remayal, and in any event within 7

VS A15 (4) 15M 9/58



	861	() CERTIFICA	TIE OF DEATE		Reg. Di	st. No.
1. PLACE OF DEATH 0. COUNTY ALLEG		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAND		institution: Residen OUNTY ALLEG	ice before admission)
RURAL and give n	If outside corporate limits, write earest town) RLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF COLORED COMBERLAND	outside corporate limits,	write RURAL and	give nearest town)
	TAL (If not in hospital, give stree		d. STREET ADDRESS	and Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle A	Lost GROVE	4. DATE OF DEATH	Month AUGUST	Day Yeor 19 50
FEMALE	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED E	FEBRUARY 23	9. AGE (10 last bird	n years IF UNDER	Doys Hours Min.
Oa. USUAL OCCUPATION during most of wor HOUSEWIT	king life, even if retired)	Ownhome	and the same of the same	or foreign country) GINIA Harr		IZEN OF WHAT COUNTR
13. FATHER'S NAME ROSS	ER DAILEY		14. MOTHER'S MAIDEN N			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		MORIAL HOSPI	TAL- CUMBER	Address RLAND, MD	
	mmediate DIETO	almorary C Ecent autori	Suprovdil + Disen &	Lyoret.	infort.	interval Between onset and Death 2 hours
20g. ACCIDENT WA	writing, st. s	SCONTRIBUTING TO DEATH BUT I	(cleaved for	Port I or Port II of item	٤)	PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	Whil	food	CE OF INJURY (Home, form tory, street, office bldg., etc		(4	County) (Stot
ACTUAL SIGNATURE	DR. WYAND DOERI	59, and that death	occurred of 1:40 A.D. Class Cum		ses ond on the	ost saw the decease e date stated obay DATE SIGNI
220. BURIAL, CREMATIC REMOVAL (Specify) BULLAL	8-7-59		Cemetery	22d. LOCATION (City)	nd Mar	(Stote)
23. EUNERAL DIRECTOR	S SIGNATURE	amberland of	1100	D BY REGISTRAR 24	b. REGISTRAR'S SI	

funeral may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remaye casban pages 1 and 2 should be the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. NDING PHYSICIAN: The law requires that the death certificate be executed within

TO HOSPI VS A15 (4) 15M 9/S8

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	Charles and Charles	MH DV AN	Hall Littleson through
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CEDTIEIC ATE OF DEATH

	86		CERTIFICA	ATE OF DE	АІП		Reg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY ALLEGANY			MARYLAND	o. STATE	ARYLAND	ased lived. If institu b. COUNT			ion)
b. CITY OR TOWN (RURAL ond give no CUMBER		ts, write c. LENC	9 DAYS		WN (If outside co	rporote limits, write	RURAL ond give	nearest town	1)
OR INSTITUTION	TAL (If not in hospital, g			d. STREET ADD		SE HILL A	VE.		FARM?
3. NAME OF DECEASED (Type or print)	Fire MARC	GARET	Middle	HARBAUGH	4. DAT OF DEA		IST 23	/	Yeor 19 59
5. SEX REMALE	6. COLOR OR RACE	7. MARRIED TO	DIVORCED	8. DATE OF BIRTH JUNE	12, 1878	9. AGE (In year last birthdoy)	Months Day	+	Min.
10a. USUAL OCCUPATION during most of wor HOUSEWI	ON (Give kind of work oking life, even if retired)		BUSINESS OR INDU		E (State or foreig	n country)	12. CITIZEN	OF WHAT	OUNTRY
13. FATHER'S NAME				14. MOTHER'S M.		1-			
THOMAS H		EASED)			HA FULK	(DECEASED	/		
	R IN U. S. ARMED FOR (If yes, give war or dates of se			PATIENTS	CHART	Ad	dress		
gove rise to i couse (a), stoting lying couse lost. PART II. OTH)	JTING TO DEATH 8U	NOT RELATED TO TH	HETERMINAL DIS	ease condition g	IVEN IN PART 1(c	19. WAS PERFC YES	PRMED?
PART II. OTH	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRI	D. (Enter noture of in	njury in Port 1 or	Port II of item 18.)		, , , ,	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While No	CCURRED 20e. Pl	ACE OF INJURY (Horizon, street, office b	me, form, 20f. (ldg., etc.)	City or town)	(Coun	ty)	(Stote
ACTUAL SIGNATURE	at I attended the August L August L August T. JOH	19.50 John		19 52 n accurred all 2 .M.D. / 6 9 16 GREE	252AM, Pro Adgress	im the causes of Street, city or town	n, stote)	DAT	
220. BURIAL CREMATIC REMOVAL (Specify) BULLS.		220, 14	AME OF CEMETERY C	R CREMATORY Burial	Park Park	Cumberla		(Stot	(e)
23. FUNERAL DIRECTOR Byron	's signature Kight		erland,	50	ATE AUG 2	750	GISTRAR'S SIGNA		

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TO HOSPI OR NDING PHYSICIAN: The law requires that the death certificate be executed within 2 s after that the death certificate be executed within 2 s after the page 4 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB

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Reg. Dist. No.

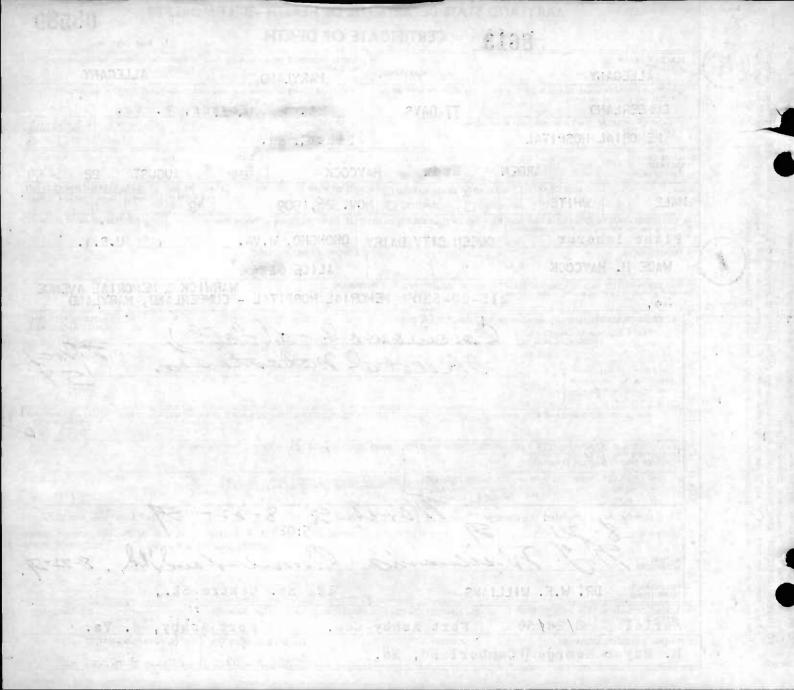
	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLAND		b. COUNTY ALLEGA		admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		mits, write RURAL o	and give neare	st town)
	d. NAME OF HOSPITAL MEMORISHIP! 919571 OR INSTITUTION ALL & WARWICK AVE	Address)	d. STREET ADDRESS		REET		IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) DOLLIE	Middle H	Lost	4. DATE OF DEATH	Month	Day	Yeor
-			B. DATE OF BIRTH		AUGUST GE (In years IF UN	DER TYEAR IF	19 59 UNDER 24 HRS.
	WHITE WIDOW		AUGUST 4,188	l les	birthdoy) Mont	-	Hours Min.
	FATHER'S NAME	kind of Business or Indu: Own Home	VIRGINIA 14. MOTHER'S MAIDEN N	(VIEW)		CITIZEN OF W	VHAT COUNTRY?
15	WILLIAM A. UTZ WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	LUCY M.	GRIMSLEY	Address	-	
	s, no, or unknown) (If yes, give war or dates of service)		MEMORIAL HOSP	ITAL	CUMBERL	AND. MI	0.
CATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	Valida NAL DISEASE CON	ery NDITION GIVEN IN	PART 1(o) 19.	WAS AUTOPSY PERFORMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)		tual tour
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 While p. m. 19	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc		wn)	(County)	(Stote)
	21. I certify that I attended the deceas alive on	Surrey	, 1959, to C accurred at 1:55 M.D. 236 U.				the deceased stated above DATE SIGNED
220	Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Aug. 8.1959	22c. NAME OF CEMETERY O	Cemetery	22d. LOCATION Cumber	(City, town, or cour	nty)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli,	ADDRESS	24o. REC'	D BY REGISTRAR	24b. REGISTRAR	77	4

attending physician and campletely filled in by NDING PHYSICIAN: The law requires that the death certificate be executed within 2 remove carban may be in field by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached far use as the burial-transit permit. Then the registrar priar to burial, crematian, ar removal, and in any event

VS A1S (4) 1SM 9/SB

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that the death certificate be ottending physician remove 72

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MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

2645	CERTIFICA	ATE OF DEATH		(1859) g. Dist. No.
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WARYL	here deceased lived. If institution: ReAND b. COUNTY	esidence before odmission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) FROSTBURG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	outside corporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTIONERS HOSPITAL	address)	d. STREET ADDRESS 10 OR	MOND ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARGARET	Middle	HIGGINS	4. DATE Month OF DEATH AUGUST	23, 19 59
5. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH AUG. 15, 1		INDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
	WN HOME	MARYLAN	D	2. CITIZEN OF WHAT COUNTRY?
GEORGE TIPPEN			T MORGAN	
(Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. L	A VERNE HIG	GINS, FROSTBU	JRG, MD.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)		struction d	ue to anular	INTERVAL SETWEEN ONSET AND DEATH
199.2 DUE TO CE		h gangrenou	s perforation	10 days
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH 20b. DESCORDED 2	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN II	N PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of item 18.)	
Hour o.m. While		ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County) (State)
ACTUAL Holda sine	9 and that death	accurred at 5:35	M. Nom the causes and a ADDRESS (Street, city or town, stote POAdWAY.	n the date stated above DATE SIGNED
PHYSICIAN'S Halds Jane V		ח	rostburg, Md.	9/27/39

TO HOSP OR ENDING PHYSICIAN: the total composition may be med by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit. the registrar prior ta burial, crematian, ar removal, and in ony e

VS A15 (4) 15M 9/58



22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

Frostburg, Md.

22d. LOCATION (City, town, or county) (State) FROSTBURG

ST. MICHAEL'S CEMETERY ADDRESS

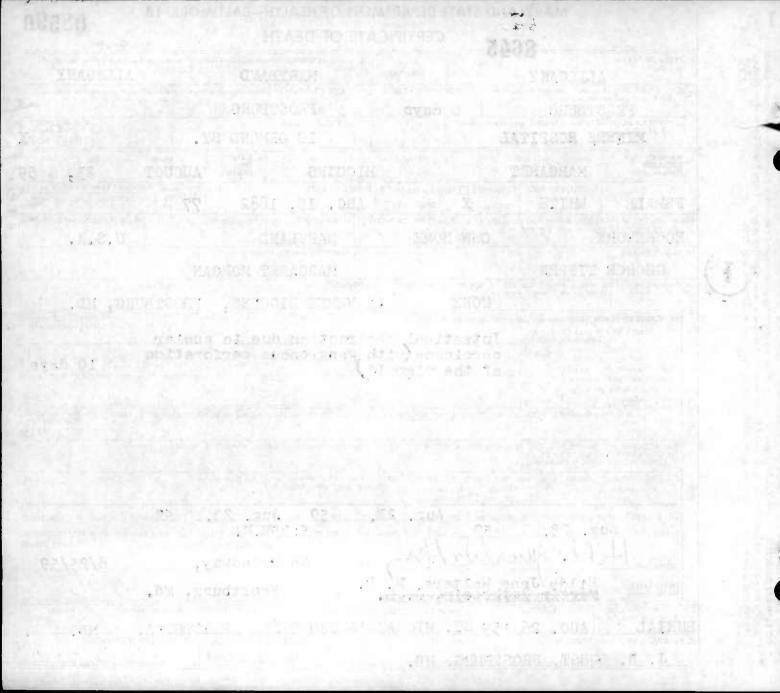
TBURG MD
24b. REGISTRAR'S SIGNATURE 24a. REC'D 8Y REGISTRAR

R. DURST, FROSTBURG, MD.

DATE THEREOF

AUG 27 '59

Circhus & Krans



funeral director, uld be filed with

may be ed Y and hospital ar attending physician.

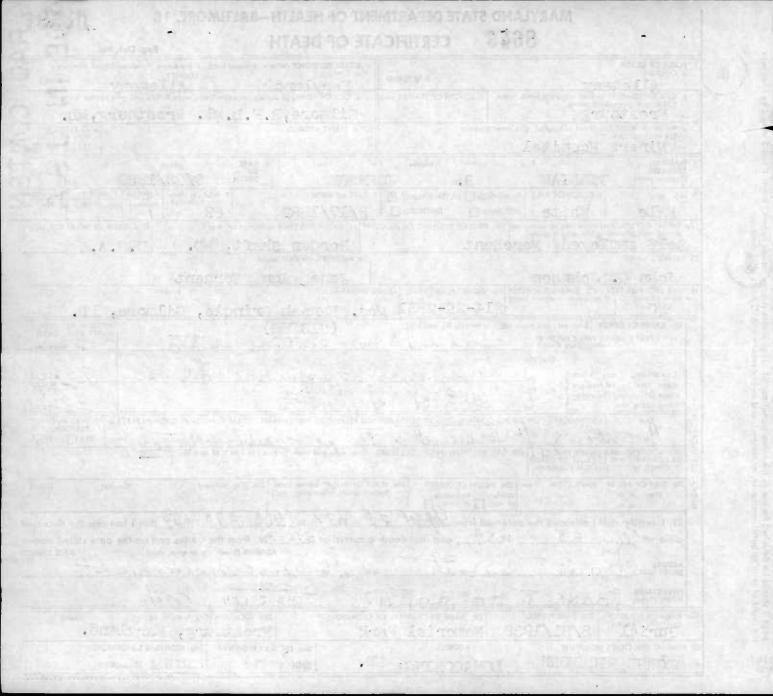
O FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 shauld be detached far use as the burial-transit permit. Then please remay carbon papers. Pages the registrar priar to burial, crematian, ar remayal, and in any event within 72 hays after depth.

NDING PHYSICIAN: The law requires that the death certificate be executed within 2.

may be TO HOSPIT VS A15 (4) 15M 10/57

GEORGE ETCHLOUN

0010	OLIVIII 107	TIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary and	ere deceased lived. If institution b. COUNTY	n: Residence befare admission)
	c. LENGTH OF STAY IN 16		rtside corporate limits, write RU	RAL and give nearest tawn) Stburg, MD.
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Miners Hospital	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO TH
3. NAME OF DECEASED (Type or print) WTTTTAM	Middle TO	lost HNSON	4. DATE Month OF DEATH 8/28/	Doy Year /1959 19
At several cod first		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED		8/17/1892	lost birthday) 69 yrs.	Months Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired) Self employed Mercha		Borden S		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
John G. Johnson		Jane An	n Ternent	
(Yes. no. or unknown) (If yes, give war or dates of service)	4 20 0007 -	rs. Hannah	Addre Grindle. Gil	more. MD.
18. CAUSE OF DEATH [Enter only one cause per line		(SISTER)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	212	mirara,	1 001 100	ONSET AND DEATH
526 X DUE TO	7	- Mariana	y aure	10 min.
Conditions if any which	Pulmana da	4 Enchlow	+ I.I.	20100
gove rise to immediate (Ord of the	de constant	ana Tour	5 him
lying cause last.	home &	ronclutio		25 ms
	ENTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO W
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	art I or Part II of item 18.)	Carry - A
20c. TIME OF INJURY Month, Day, Year 20d. INJ Haur a. m. p. m. 19 While at work	_ Nat while fac	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the deceased	d from anil 2	8 1957 to Qu	week 28 1059	that I last saw the deceased
alive an aug. 28 . 195	0	accurred at 5:05	M from the course on	d an the date stated above
			DDRESS (Street, city ar town, st	
ACTUAL SIGNATURE Crauk I. So	nat	M.D. 26 We	st mecho	inic St.
PHYSICIAN'S FRANK T. H	ARRATM	D Fres	Burg M.	d.
220. BURIAL, CREMATION, 22b. DATE THEREOF 8/31/1959	22c. NAME OF CEMETERY OF Memorial Pa	CONTRACTOR OF THE PARTY OF THE	22d. LOCATION (City, town, or Frostburg, 1	county) (Stote) Maryland.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D		RAR'S SIGNATURE
GEORGE EICHHORN LO	NACONING, M	D. 1	'59 arthur	& Kraus



VS A15 (4) 15M 9/5B

		002	- CERTIFI	CAI	E OF DE	AIL			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	1X	418	MARYLA		USUAL RESIDEN G. STATE MARYT.AT		ere deceased	b. COUNTY		nce befo		sion)
b. CITY OR TOWN (RURAL and give n	If outside corporate limearest tawn)	nits, write	c. LENGTH OF STAY IN	1Ь			utside corpoi	rate limits, write R			S. Statement of the last of th	n)
	ERLAND		26 DAYS	1	2 CUMBI	CRIA	ND					
OR INSTITUTION	TAL (If not in haspital,		address)	1	d. STREET ADDI		MILY S	ST.			ON A	SIDENCE A FARM?
3. NAME OF	11-11-11-11-11-11-11-11-11-11-11-11-11-	PITAL rst	Middle		Last		4. DATE	Mon	th	Do	1V	Yeor
(Type or print)	CHAR			7/	AISER	C-	OF DEATH	AUGUS		29	,	19
S. SEX	6. COLOR OR RACE		Francis	-	ATE OF BIRTH	Sr.		9. AGE (In years	- miles			ER 24 HR
MALE	WHITE	WIDOWI				, 19	97	last birthdoy) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OR I						12. CI	TIZEN O	F WHAT (COUNTRY
during most of wor	king life, even if retired	4)			MARYTJ					TT	S.A.	
Carpente 13. FATHER'S NAME	er Gu	mblst	eel company	1	4. MOTHER'S MA		AME			0,	O.R.	
HENRY KAI	SER (DECE	A CETT)					TH NIC	TOT (DEC	EASE	10		
15. WAS DECEASED EVI	/		SOCIAL SECURITY NO	INFO	RMANT	ימוכחאים	TIL MTC	Addi				
(Yes, no, or unknown)	(If yes, give war or dates of	service)	14-05-7771		TENTS CH	TADO						
	A THE FE			LMI	TENTO OF	THILL				LINIT	FDV/A1 O	ETMEEN
	ATH [Enter only one cannot be a cannot be	ause per III	ne far (a), (b), and (c).]	1 -							SET AND	
10 4 0	IMMEDIATE CAUSE	a)	cochet	12							TWE	IR3
170.9	DUE TO)	1.	~	. 0.			1000		1	6	-
Conditions, if a		b) 1	neligno	1	mela	no	ma	-		0	MI	nte
couse (o), stoting		0										
lying cause last.		c)										
PART II. OT PART III. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CO	NDITIONS (CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO TH	IETERMII	NAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(o)	19. WAS PERFO YES [ORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of in	jury in P	ort I or Parl	t II of item 18.)				
20c. TIME OF INJU Haur o. m. p. m.	RY Month, Day, Yo	While	_ Not while _		OF INJURY (Hon, street, office bl			ar town)		(Caunty)		(Stat
			ed fram. Music	63	, 19.54, 1	- Ma	ign	729, 1959,	46-4-1-1			
	ngm 2	e deceds	1747		/			. /				
alive an	A	4_, 14_	, and that de	earn ac	curred di			the causes an		ie dare		a abav
ACTUAL SIGNATURE	herri 18	mig	>	M.D								30-
PHYSICIAN'S NAME (Type)	EWIS BRING	S.M.D			55 GRI	EENE	ST.	CUMBERIAN	D1	MARY	LAND	
22a. 8URIAL, CREMATIC	ON, 22b. DATE THERE	OF	22c. NAME OF CEMETE	RY OR CI				TION (City, town,			(Sto	
REMOVAL (Specify Burial	8/31/59		S.S. Peter	& P	aul Ceme	ter	Cum	berland	Man	vla	nd	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				8Y REGIST	1		-		
Ruth E. S	ilcox C	umber	land Marvl	and	0	ATE S	EP 1'	59 0	rihun.	8 th	Aus	

many many and Different SHEEL the first of the last of the first of the fi The Paris of the Control of the Cont And the first of the state of t NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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s been signed by the ottending physician and completely filled by the funeral	il-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be fi
been si	JS.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8654 **CERTIFICATE OF DEATH**

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	0005	t	CERTIFIC	-7411	E OF DEA	ın		Reg. D	Dist. No		
1. PLACE OF DEATH a. COUNTY	300	1110		2.	USUAL RESIDENCE	Where decease			ence befo	ore admir	sion)
All	egany		MARYLAND		o. STATE Marv	land	b. COUNTY	Alle	egar	ıv	
b. CITY OR TOWN (If RURAL and give ned	outside corporate lim	its, write	c. LENGTH OF STAY IN 16	,	c. CITY OR TOWN (If outside corpo	orate limits, write F				n)
Frostbu			15vrs	X	Frostb	urg					
d. NAME OF HOSPITA		give street		1	d. STREET ADDRESS					e. IS RE	SIDENCE
R.D. #1.B	ox 71 (S	haft	;)	I	R.D. #1.	Box 7	1 (Shaf	t)			A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mor	nth	De	ру	Year
(Type or print)	MARY		ELIZABETH	KAI	MAUF	OF DEATH	8		20	3	1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years			IF UND	ER 24 HRS.
F	W	WIDOW	ED DIVORCED	2.	-10-17		last birthday) 42 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Sto	ate ar foreign c	auntry)	12. C	ITIZEN (OF WHA	T COUNTRY
Housewif			wn home		Frostb	מיונו			TT.	S.A.	
13. FATHER'S NAME			111 110110	14	MOTHER'S MAIDEN				0 8 1	7 6 22 6	
Henry A.	Kloster	man		1	Rose Mae	Yeide	70				
S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.			Telue		ress Fire	ne +	211220	. Md
(Yes. no. or unknown) [II	None	-	218-10-1347	Per	ymond P.	Komor					
			ne for (a), (b), and (c).]	II &	ymond r.	Namat	L M. D. W	T DU			
PART I. DEAT	H WAS CAUSED BY-	/	7 . 1	/	Da	0/.	. /		ON	SET AND	DEATH
110	IMMEDIATE CAUSE (ORDWAF	y	00	0/45	100			t h	RS-
420.1	DUE TO		1 / 2 /	10	11. 1		1 . A			111	0-
Canditions, if an	mediate	-	MROWIC	1	AROID-V	ASC 4	IAR D	DEF	50	t y	15.
couse (a), stating th)								/	
lying cause lost.		c)									
2	R SIGNIFICANT CON	ADITIONS C	CONTRIBUTING TO DEATH BE	UT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(a)	PERFO YES	DRMEDE
20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Er	nter nature of injury i	in Part I or Par	t II of item 18.)				
	MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour a. m.	Month, Doy, Ye		NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, fo	orm, 20f. (City	or town)		(County)		(State)
Haur a.m.	19	While at wor		tactory,	street, affice bldg.,	efc.)					
21. I certify tho	it I attended the	deceas	ed from July		10/958 00	Rugus	W26 1950	Pahas I	look a	and the	d
alive an aus	2101	10		th oc							
GIVE GIT SEES	7		did manded	in occ	curred at 8.3		n rne causes o treet, city or town,		rne do		ATE SIGNE
ACTUAL	Al	10	Xm. vis		2 BA	and		sidie		1/1	3 /50
SIGNATURE	over	1	10000	_ M.D.	0 01	074 6	way.			01-d-	1-12-1
PHYSICIAN'S NAME (Type)	ohn	15	· Davis,	m,D	. FRC	oste	4R9	-1	mo	d -	
22a. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	OF	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(Sto	te)
Burial	8-29-59				orial Par	rk Fre	stburg			Md.	
23. FUNERAL DIRECTOR'S	SIGNATURE Haf	er F	uneral Home	9	24a. RE	C'D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	
13. 0. 1 11 VI	12	77 34	Tadas Dasa - La		363 0445	oen 11	50 0	-1	0 4		

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:NDING PHYSICIAN: The law requires that the death certificate be executed

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08594

8615 CERTIFICATE OF DEATH

Reg. Dist. No.

								Neg. Dist.	110.
PLACE OF DEATH O. COUNTY	Allega	ny	MARYLA		o. STATE Mary	(Where decease	d lived. If instituti b. COUNTY		before admission)
Cumber	land		6/2/56	1ь	c. CITY OR TOWN	(If outside corpo		RURAL and giv	e nearest town)
d. NAME OF HOSP OR INSTITUTION	Allegany			ary	d. STREET ADDRESS		fe Stree	et	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Mary		Middle D.		Kroll	4. DATE OF DEATH	August		16, Yeor
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED	_ /	15/1875		9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS. oys Hours Min.
Housewi	ION (Give kind of work orking life, even if retired)	done 10b. K	IND OF BUSINESS OR		Pekin,	Maryla			S. A.
3. FATHER'S NAME	aniel Lew	is			4. MOTHER'S MAIDE		Annie	Cart	hew
15. WAS DECEASED EV [Yes, no. or unknown]	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SC ervice)	NONE.		egany Co				erland, Md
Conditions, if gave rise to couse (a), stating lying couse last	the under-	CK, Ck	ronie Za crebral	you	ardial Exteri	Deg	recera	tión	> >
CATIC	THER SIGNIFICANT CON	won	CC DEATH	Les	- and h	RMINAL DISEAS	E CONDITION GIV	VEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	URRED. (inter nature of injury	in Port I or Por	t 11 of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes	While	Not while of work	PLACE foctor	OF INJURY IHome, it, street, office bldg.,	form, 20f. (City etc.)	y or town)	(Con	unty) (Stole)
21. I certify to olive on 8/	15/59	deceased, 19		eoth of	curred at 4: 1	5AM, from	m the causes of treet, city or town,	and on the	st saw the decease date stated above DATE SIGNE 8/17/59
PHYSICIAN'S NAME (Type)	Dr. James	E. N	IcLean		Cumb	erland	l, Md.		
220. BURIAL, CREMATI REMOVAL (Specify BURIA)	ON, 226. DATE THERECO	959	22c. NAME OF CEMETE Oak Hill		REMATORY	-	TION (City, town,	2.0	(Stote)
23. FUNERAL DIRECTO GEORGE		ī	ADDRESS LONACONING	AV.	24a. R	EC'D BY REGIS	TRAR 24b. REGI	STRAK'S SIGN	IATURE

THE STREET STREET	AG-HEARINGO THE		
	MIARO TO STA	io cemelor	
pangails made a	Displacement of		Vinde Line Town Par
	nZnoneneJ	35.575	Marie Species
	1110.00		Allerent Com
	Lione		200
	66,77,85	· 拉克斯德 975、森州	Edinia eganog
E. A. E. B. A.	Tout, alies		อำไหละแก่นี้:
Wendered			Sirel Jerme
A Carbert and A			
	12 T 3 WHO S WOULD BE		
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per a symmetric per en		36/12/46	# 62 yr 8
3/13/59			71
62/17/6	Stores St.		
27.17/5	gnouse Sil	Metrello	

FOR STATE HEALTH DEPT

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iffin 72 hours after death. Let the control of th

VS. ATSME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8616 EDICAL EXAMINER'S CERTIFICATE OF DEATH

08595 Reg. Dist. No.

1. PL/	COUNTY AT	Legany		MARYLAND	2. USUAL RESIDENCE	-	- L COUNT			
b. (CITY OR TOWN (if outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (ry land			Lege	
	Cumber]	n]		50 yrs.		mberl	_	and t		
	NAME OF HOSPIT		If not in ho	spital, give street address)	d. STREET ADDRESS	0 Arcl	n St.			ON A FARM? YES NO NO
DE	AME OF CEASED (pe or print)	Fir Char		N. Mansb	erry	4. DATE OF DEATH	Month		Doy 1.8	Yeor 1959
5. SEX	(ED NEVER MARRIED . 8.	DATE OF BIRTH		9 AGE (la sage			F UNDER 24 HRS.
M	ale	White	WIDOWE	D DIVORCED	March 26,	1882	Most birthdoy) yes.	Months D	ays I	Hours Min.
due	ring most of working	ON (Give kind of work no life, even if refired) Yd FOREI		KIND OF BUSINESS OR INDUSTI	Garrett			1	ISA	WHAT COUNTRY?
13. FA	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Jacob 1	Mansberry			Elizab	eth Ma	ay			
	VAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
	0	in you give not or object or		705-10-8556 M	rs. Chaley	y Man	sberry, C	umber	rlar	nd, Md.
		ITH [Enter only one country on			Occlusion					and beath adden
9	Conditions, if a yave rise to imme a), stating the cause last.	any, which (b)		Coronary	Sclerosis				Sı	udden
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT N				EN IN PART		WAS AUTOPSY PERFORMED? S NO X
	Og. EXTERNAL CA RIMARY () or CO LAUSE OF DEATH.	NTRIBUTING LI	b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injury in Pa	art I or Pert II	of item 18.)			
MEDICAL	Oc. TIME OF INJU Hour q. m. p. m.	RY Month, Day, Yeo	Whil		E OF INJURY (Home, for ry, street, office bldg., et	rm, 20f. (Cit	y or fown)	(Coun	iy)	(Stole)
0		resulted from: 1	Vatural	remains described aborcauses . Accident [Homicide	Undeter	Inquiry rmined m	anner	and in my
	EXAMINER'S NAME (Type)	Dr. Bened:	ict S	Skitarelic	ASSISTANT MEDICAL			Aug	ust	18,1959
22o. B	BURIAL CREMATIC REMOVAL (Specify BURIAL	8-21-1		Mt. Herman			oerland,			(State)
23. FU	INERAL DIRECTOR		7.7.	ADDRESS		D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	NATURE	
	James	F. Scarpe	111,	Cumberland,	Md. DATE A	IIG 2 1 '	59 G	I'mur 9	KANNA	

HTARORO STADRITIS CERTIFICATE OF DEATH Charles a second particular and a second THE OWNER OF STREET COME AS THE OWNER OF THE PERSON NAMED IN CO. LANSING P. The second of th

POR STAIR

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed

the haspital ar attending physician.

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8647 CERTIFICATE OF DEATH 08596

							Keg. Dist. No	0.
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.	ere deceased liv	ed. If institution b. COUNTY	Residence bef	
RURAL and give no	f outside corporate limit earest town) sternport		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		limits, write RUI	RAL and give no	earest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitat, g			d. STREET ADDRESS 1	3			IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Fire		Middle	lost	OS AVE	41. 4		X
(Type or print)	Mag	gie	G.	Martin	OF DEATH	Month	. 2	3 1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. /		Months Days	Hours Min.
Female	White	WIDOWE		Jan. 22. 18	71	88 yrs.	Days	mours Min.
during most of worl	king life, even it retired)		kind of Business or Indu	USTRY 13. BIRTHPLACE (SION		γ)		OF WHAT COUNTRY?
3. FATHER'S NAME	per	1,110	T NTG MOLVS	14. MOTHER'S MAIDEN N		<u> </u>	U.	D.A.
Jose	nh Me			77 - 43		- 1		
IS. WAS DECEASED EVE		rthn		Kathr	yn	Johnson	<u>n</u>	
	(If yes, give war ar dates of se	rrvice)				Addre		
			32-26-3310F	Miss Elan	or Cog	lan, W	estern	port. Md
	ATH [Enter only one co	use per lin	o for (0), (b), and (c).]					TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	A	a : . A monio					/ hore &
170x	DUE TO	VI	1 1 1					-
Conditions, if a gove rise to i			helastatie	Cance				6 months
couse (a), stating lying cause lost.		C	meer of 1	Brenst,				30 years
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO R
PART II. OTH	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	296. DESC	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in f	Port I or Part II o	of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeo	20d. IN While of work	Not while fo	LACE OF INJURY (Home, farm octary, street, office bldg., etc.	20f. (City or	lown)	(County	(State)
21. I certify th	at I attended the	decease		, 19.57 , ta(1	vg. 23	, 1957.	that I last s	saw the deceased
actual	Villian	., 19	, and that death	h accurred at 1033	M, from the ADDRESS (Street)	ne causes an	d on the de	DATE SIGNED
PHYSICIAN'S NAME (Type)	Nm . W. L	esh	7	Main S	t. I	Wester	nport,	Md.
220. BURIAL, CREMATIO REMOVAL (Specify) BULLIAL	8/26/5	F O	22c. NAME OF CEMETERY C			l (City, town, or		(State)
23. FUNERAL DIRECTOR		7	Philos Ce		D BY REGISTRAR	rnpor	RAR'S SIGNATU	IDE
MA In	Aloch)	fr.	Piedmont,	TIT TTO	2 6 '59		& Kana	
	The state of the s						M / HARA	

VS A15 (4) 15M 9/55

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Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allegany a. COUNTY o. STATE Maryland Allegany MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) 6 days R.F.D. Westernport IS RESIDENCE d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Kooken Nursing Home ON A FARM? YES NO NAME OF First Middle 4. DATE Day Yeor DECEASED Martin Samuel DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH last birthdoy) Months Days White Hours Male DIVORCED | WIDOWED K 8] Sept. 22. yrs. 10o. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Coal Mines 12. CITIZEN OF WHAT COUNTRY? U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** Address INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 446 X **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) MEDI Hour g. m. Nat while 19 at work at work

___, 1959, that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY

BUTIAL (Specify) Laurel Hill **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE

Westernport.

24a. REC'D BY REGISTRAR AUG 21 DATE

Moscow

24b. REGISTRAR'S SIGNATURE arthur S. Throng

22d. LOCATION (City, town, or county)

08597

PERFORMED?

(Stote)

YES NO

(Stote)

Maryland

(County)

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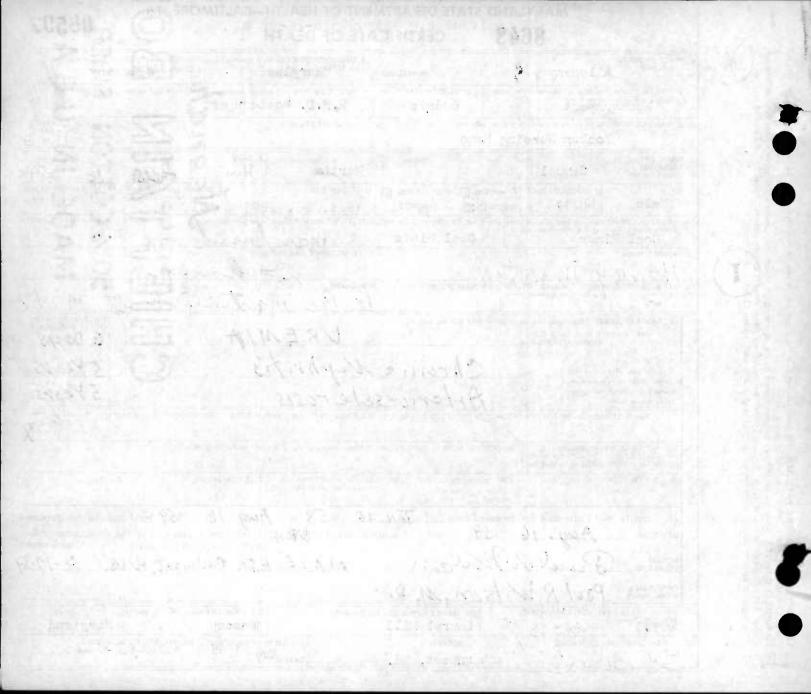
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SIGNATURE



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registrar prior ta buriol, crematian, M

sary, please exe-

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PEPUTY LEXAMINER: This certificate shauld be executed within 24 hours after death, e the center, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the

or removal.

VS. A15ME(5) 5M 9/55

o. COUNTY	477		MARYLAND	o. STATE Mary		b. COUNT	,	ega.	
b. CITY OR TOWN	Allegar		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (porate limits, write		_	
On and give necrest tow			l. Dozza		rland				
Cumberla	TAL OR INSTITUTION (IF	not in hose	1 Lays	d. STREET ADDRESS	rrand	(Rura			e. IS RESIDENCE
	Hospital	nor an mos	man, give mour address,	Rt #3 Bed	ford F	Soad			ON A FARM?
3. NAME OF								_	
DECEASED (Type or print)	Finst Wavn		Middle Curtis	Martz	4. DATE OF DEATH	August	20	Day	Year 19 59
5. SEX			D NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED F	b 9. 1939		20 yrs.	Months	Days	Hours Min.
10g. USUAL OCCUPAT	ION (Give kind of work d	one 10b. K	IND OF BUSINESS OR INDUST		e or foreign	country)	12. CITI	ZEN O	F WHAT COUNTRY
Studen	ing life, even if retired)	1	7. P. I.	Maryland			I	1. 9	5. A.
13. FATHER'S NAME	Į (1		14. MOTHER'S MAIDEN	NAME	307 JE .			45.0
Uomov	V. Martz			Esther	Ehrhar	rdt.			
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. H	NFORMANT	IMIL HOL	Address			
(Yes, no, or unknown)	(If yes, give war or dates of se	ervice)		omer V. Mart	z R		ord Ro	1 (Sumberland
No CAUSE OF DE	ATH [Enter only one caus			omer v. Mart	JZ II.	t #5 bear	ora m		
	ATH WAS CAUSED BY:	e ber me i			D			ONSE	ET AND DEATH
	IMMEDIATE CAUSE (0)	_	Anoxia and	Edema of	Brain			1	Hour
212X	DUE TO								
Conditions, if			Atelectasis	of Lungs,	Bila	ateral		1	Hour
gave rise to imme								1	
couse tost.	(c)_		Bronchial A	denoma				1 1	Year
Z PART II, OT	THER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT !	NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 1	9. WAS AUTOPSY PERFORMED?
TATE OF THE PARTY	Bro	one hi	ectasis of	Right Uppe	r Lob	oe ·			YES NO
PART II, OT	ONTRIBUTING	DESCRIBE	HOW INJURY OCCURRED. (I	inter nature of injury in Pa	ort I ar Port I	l af item 18.)			. 6
3 20c. TIME OF INJ	URY Month, Day, Year	r 20d. l	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	m, 20f. (Cit	y or town)	(Cau	inty)	(Stote)
20c. TIME OF INJU		While	Not while	ory, street, office bldg., et	c.)				
	• • • • • • • • • • • • • • • • • • • •		emains described abo	ve held an Autan	ev KX	nspection X	Inquir	v 🖂	and find tha
		_	Accident , Sui				-	/ LEI	dia mia ma
death resulte	A Paralle	doses []	Accident [], 301	cide [], nomicid	е П' o	inderermined c	nose []	•	
ACTUAL /	3	41	6-1-11	CIUES MEMORIA S		,			DATE SIGNED
ACTUAL SIGNATURE	renedica	X1	kitarelia)	_M.D. CHIEF MEDICAL					
EXAMINER'S				ASSISTANT MEDIC	7				
NAME (Type)	enedict S	kitar	celic, M.D.	DEPUTY MEDICAL		The Aug	ust	20,	1959
220. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREON	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	ATION (City, town,	or county)		(State)
Burial	" 8/23/59		Mt Lebanon Co	meterv	Glen	coe Penr	a (Ru	ral)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	24a. REC	D BY REGIS	TRAR 24b. REGIS	STRAR'S SIG	NATU	RE
Ruth E.	Silcox Cum	berla	nd, Maryland	DATE	ug 2 4 1	59 C	Thun &	Hear	

HIAGO TO DIA DITITIO STREMIMADE MADICINE OF DEATH TOTAL IN the public terracion of property and the property of Investment of the server of the server Commence of the control of the contr Miss Can fire to the property and the base of the control of the

FOR STATE HEALTH DEPT.

ry, please r. Page yaur files. d of Hoolth, M

TO EPUTY MED. EXAMINER: This certificate shauld be executed within 24 hours after death., out the cie, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and the chard to the Chief Medical Examiner's Office along with form PM3. Page 5 in to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMODE 18

MARITAND STATE DEL ARTMENT OF TEACH	IIDALIIMOKL, 10	11859
8618 MEDICAL EXAMINER'S CERTIFICAT	TE OF DEATH	0000
0010	Reg.	Dist. No.

1. PLACE OF DEATH o. COUNTY			here deceased lived. If institu		fore odmission)
Allegany	ARYLAND	o. STATE Marvl	and b. COUNT	Allega	nv
b. CITY OR TOWN (It outside corporate limits, write SURAL and give nearest fown)	AY IN 1b	c. CITY OR TOWN (If a	outside carparate limits, write		
Cumberland At one	ce		rland		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street add	dress)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?
B & O Railroad Station		210 U	nion Street		YES NO
3. NAME OF First Middle DECEASED		Lost	6. DATE Monti	n Doy	Yeor
(Type or print) Robert Franklin		Mills	OF DEATH Augu		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR		DATE OF BIRTH	9. AGE Ille years	IF UNDER TYEAR	IF UNDER 24 HRS.
Male White WIDOWED S DIVORC		June 28, 190	yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS (2.4		F WHAT COUNTRY?
B & O Bolt & Forge B & O Rails	road	Oakland,	Maryland	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Samuel Mills		May Pifer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	NO. 17. IN	FORMANT	210 Union	Street	
[Yes, no, or unknown] [(If yes, give war or dates of service) 705-07-964		bert Mills	Cumberlan		land
No.					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).				INTE	RYAL BETWEEN ET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Transectio	n of	entire bod	y	S	udden
802 X DUE TO					
Conditions, if ony, which) (b) Run over b	v Raf	llroad trai	n	S	Sudden
gave rise to immediate cause	- V			-	radaon
(a), stating the underlying DUE TO couse last.					
	EATH BUT NO	OT RELATED TO THE TERMIN	IAI DISEASE CONDITION GIV	EN IN PART I(a)	WAS ALITOPSY
2		or needings to the tennill	ALDISEASE CONDITION ON		PERFORMED?
[5]					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DE 200. DESCRIBE HOW INJURY OCCUPANTION OF CAUSE OF DEATH.					
	y B &	c O Passeng	er train		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not white 8:55 p. m.Aug. 29 19 59 of work of work	20e. PLAC	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
8:55 p.m.Aug. 25 19 59 of work of work	RR		Cumberlan	A 1774	a Ma
21. I certify that I took charge of the remains describ		e held an Autonsy	Inspection [7]	Inquiry 3	, and in my
				-	
opinion death resulted from: Natural causes . Ac	cident [J, Suicide ∐, h	omicide [], Undere	rmined manni	er 🔀
ACTUAL B. 1 4 OFT. 1	/				DATE SIGNED
SIGNATURE Genedict Skitarele		M.D. CHIEF MEDICAL EXA	MINER 🗌		DATE STOTES
EXAMINER'S		ASSISTANT MEDICAL	EXAMINER [
NAME (Type) Benedict Skitarelic, M	D.	DEPUTY MEDICAL EX	CAMINER T	Assessed	26 1050
220. BURIAL CREMATION 1226 DATE THEREOF 1220 NAME OF CEA	METERY OR C	REMATORY	22d. LOCATION (City, town,	oc county)	26, 1959 (State)
Burial Specify Aug. 28, 1959 Hiller	est B	urial Park	Cumberland,	Marylan	d
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATU	RE
John J. Hafer, Cumberland, Maryl	and	DATE AUG	31 '59 C.	Thun & three	14
		- 17		7 0 000	

REASON MEDICAL EXAMINER S CERTIFICATE OF DEATH - Whod artine to dollows new tank bassiled vo yave tind CEARLE CEARLES ES: . or . par if - englanders - maissi the last series of memorial and employed gran-maximum trade (. M . oli arrich fill stoff or an inchesse) THE PARTY OF THE PROPERTY OF THE PARTY OF TH ORBERTAL DIRECTOR TO THE SAME OF AUSTRALIA

THOUSE STATE

he funeral directar, hauld be filed with ENDING PHYSICIAN: The law requires that the death certificate be executed the haspital or ottending physician.

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VS	A	20 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the	4)	
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0013	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	ere deceased lived. If instituti b. COUNTY	on: Residence before admission) ALLEGANY
 CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) 	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporote limits, write R	URAL ond give nearest town)
CUMBERLAND	DOA	0 2 CUMBERLA	ND	
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION MEMORIAL HOSPITAL	MEMORIAL & WARWICK AVES.	d. STREET ADDRESS	INGTON ST.	e. IS RESIDENCE ON A FARM? YES NO (2)
3. NAME OF DECEASED (Type or print) THOMAS	Middle H. MULLANEY	Last	4. DATE Mon	,
144.15	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH NOV.7.1905	9. AGE (In years last birthday) 53 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		CO. MT. SAVA		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
HENRY MULLANEY		LORETT	A MALLOY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter anly one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO	214-05-8016 N	ARS. THOMAS MU	LLANEY -CUMBER	
Z PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Z 20c. TIME OF INJURY Month, Day, Year 20	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, schory, street, affice bldg., etc.	, 20f. (City or town)	(County) (State
21. I certify that I attended the dec	ceased fram. /	M.D. Sambe		WL 8-4.59
REMOVAL (Specify) 8-29-59		& PAUL CEM.	CUMBERLAND,	MD.
Forms Stein, Inc. C	embeland	240. REC'I		STRAR'S SIGNATURE

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Page 5 m Se retor

Affin 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08601

	Ite	ms 4	20c Fil	mG248	9-17-5	9 et_			Reg.	Dist. N	0.	
PLACE OF DEATH					2. USUAL R	ESIDENCE (V	Vhere decea	sed lived. If institu	tion: Resi	dence be	fore adm	rission)
o. COUNTY	llegany			MARYLAND	O. STATE	rylar	nd	b. COUNT				
b. CITY OR TOWN (III	outside corporate limits, writ	e RURAL	c. LENGTH OF	STAY IN 16			-	porote limits, write	RURAL OF	gan	y negrest ta	awn)
and give nearest town	,					rland						
Cumber Lar		16 11 1	40yrs	-41	-		1 0 %		100		l. tc n	RESIDENCE
d. NAME OF HOSPITA	AL OR INSTITUTION (it not in he	spitol, give street o	oddress)		ADDRESS	. /	D 3			ON	A FARM?
Memoria	1 Hospita	1			100	14 010	itown	Road			YES	NO D
NAME OF DECEASED	Fir	st	Mide	dle	Le	ost	4. DATE	Month	1	Day	,	Year
(Type ar print)	William		P	Mu	lvev		DEATH	Augus	t	15	14.1	1959
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	ARRIED 3	DATE OF BIR	TH		9. AGE In years last birthday)	IF UNDE	R TYEAR		DER 24 HKS
M	W	WIDOWI	DIVOI	RCED .	June 1	[4. I	898	6I yrs.	Months	Days	Hours	Min.
On USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINES				or foreign	country)	12. CI	TIZEN C	F WHAT	COUNTRY
** 1 * 7	g life, even if retired)	D	ailroad	R&A	Esin	mont	W.Va		I	JSA		
Retired	Carman	_ n	allicad	Day	14. MOTHER							
								tle				
Michael			,			garet	TOT					
15. WAS DECEASED EV	ER IN U. S. ARMED FO _{!!f yes, give wor or dates of	RCES? 16	SOCIAL SECURITY		FORMANT	25 1	1 .	Address	TOO	1 07	14+0	um R
War I	(If yes, give wor or dates of Yes		705-12-	4219	Miss	Marı	etta	Mulvey	1004	Ŧ UJ	La CO	AAII Ir
18. CAUSE OF DEA	TH [Enter only one cou	use per line	for (a), (b), and (c).]						INTE	RVAL BETW	EEN ATH
PART I. DEAT	TH WAS CAUSED BY:		Intrac	rania:	1 Hemo	orrha	ge					rs.
900.0	DUE TO	'										
Conditions, If o			Skull	Fracti	ire					1	8 H:	rs.
gove rise to imme	diote couse									-		
(a), stoting the	The state of the s											
) (c)		ONTRIBILITING TO	DEATH BUT N	OT BELATED T	O THE TERM	INIAI DICE AC	E CONDITION ON	ENI INI BA	DT 14-1	10 W/AC	AUTORCY
Ď /AKI II, OII	TEK STOTALLICKTAL COL	01110143	OTTINIO III O	DEATH	OT KELATED I	O THE TERM	HANE BISEN	SE CONSTITUTE ON	CIA HA I A		PERFC	ORMED?
<u> </u>		······································									YES)	NO 🗌
PART II, OTH	USE WAS	Db. DESCRI	BE HOW INJURY C	OCCURRED. (E	nter nature of	injury in Par	t I or Part II	of item 18.)				
		F	ell dow	n ste	ps at	home						
3 20c. TIME OF INJU			INJURY OCCURRE		CE OF INJURY	(Home, form	20f. (Cit	y ar town)	(C	ounty)		(State)
20c. TIME OF INJUI	Aug . 14 1319	59 of w	le Not while ark ☐ at work	K) H	ome	ce blog., wic.	Cu	mberlan	d. Al	leg		Md.
	nat I took charge				ve. held a	n Autops						nd in Iny
	resulted from:							, Undete				
opinion death	resulted from:	Notural	Coeses [].	Accident E	N, SUICI	de 🔲,	romicide	[], Undere	rminea	mann	er 🔲	
ACTUAL 6	1	to 1	1:0	-111	Churc		V				DATE :	SIGNED
SIGNATURE	enedic	101	Relare	lie	M. D.	MEDICAL EX						
EXAMINER'S					ASSIST	TANT MEDIC	AL EXAMIN	ER 🔲				
NAME (Type)	Benedict	Skit	arelio,	M.D.	DEPUT	Y MEDICAL	EXAMINER	Aug	ust	15,	19	59
220. BURIAL, CREMATIC		OF	22c. NAME OF C	EMETERY OR	CREMATORY			TION (City, town,			(Stol	ie)
Burial (Specify)	8-I7-59		St. Ma	ry Cer	n.		Cumb	erland,	Mar	yla	nd	
23. FUNERAL DIRECTOR	'S SIGNATURE	7 . ~	ADDRESS	3 353		240. REC'	D BY REGIS					
James F	. Scarpel	Li C	umber La:	na, Md.		02	10 1 0 1					

DATE AUG 1 8 '59

Cirthun & thrus

Lute the convoice, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 of FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 has VS. A15ME BM 2/57

errane will limit TOO IN THE REAL PROPERTY OF LAND OF LA . AMA . mella. Basinedana Senedick aldbarelia, M.D. Gaci . 51 Warratt The street of th . III. STATE SINCE LITTLE SANCE.

eath. Page 4

:NDING PHYSICIAN: The law requires that the death certificate be executed

page 3 should be detached far use as the burial-transit permit. Then please remave carbon paper the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death

VS A1S (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08602

8621

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2.	USUAL RESIDENCE	(Where decease			nce befo	are admiss	sian)
a. COUNTY	GANY		MARYLA	ND	MARYLANI	0	b. COUNTY		GAN	Y	
b. CITY OR TOWN (I RURAL and give ne CUMBERLAN		ts, write	c. LENGTH OF STAY IN	1Ь	LONACON	The second	orate limits, write l	RURAL and	give ne	arest tawr	n)
		ive street	13 DAYS		d. STREET ADDRES					e. IS RES	SIDENCE
	AL (If not in haspital, s HOSPITAL IAL & WARWI				30 ROBB		EET	23		ON A	FARM?
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mo	nth	Do	зу	Year
(Type ar print)	JOHI	4	MC INTYF	RE	MURPHY	DEATH	AUG	GUST	17		19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B. C	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Manths	R 1 YEAR	Haurs	
MALE	WHITE	WIDOW	ED DIVORCED [□ A	PRIL 13	1884	75 yrs		Days	nours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (S	tate ar fareign (country)	12. CI	TIZENO	F WHAT C	COUNTRY
Retired	ing life, even if retired Viner		Coal Mine		MARYL	AND			U.S	.A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	NAME					
WILLI	AM MURPHY				U	NKNOWN					
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
(Yes, no, or unknown)	If yes, give war or dates of s	ervice)	26.017.339	ME	MORIAL HO	SPITAL.	CUME	BERLA	ND . X	MAR	YLAN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (b) mmediate (CAUSE)	9	ine far (a), (b), and (c).]	a,	neta	Janis	- =		INT	ERVAL BE	TWEEN
PART II. OTH		DITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a)	19. WAS PERFO YES [DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury	r in Part I or Pa	rt II af item 1B.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	ar 20d. I While at war	Nat while		OF INJURY (Hame, , street, affice bldg.,		y ar tawn)		(Caunty)		(State
21. I certify the alive on ACTUAL SIGNATURE	at I attended the	deceas , 19	100		., 1957, to curred at 3:0	OPM, from		nd an th		e stated	
	R. W.A.VAN				Curk	hope	m /	M		′	
220. BURIAL, CREMATIO SEMOVAL (Specify) BURIAL	8/20/	59	Oak Hill		netery		naconir	ıg,		Md	te)
23. FUNERAL DIRECTOR		-	ADDRESS	Md.		REC'D BY REGIS		ISTRAR'S S			1776
George Ei	chhorn	To	naconing.	- a	DATE	4110 2 A	59 (1	allug !	2 15-	44	

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The particular of the particular and the particular	y be retained the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely fille	ge 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1	senistron point to which or senior or and in any around within 70 being after death
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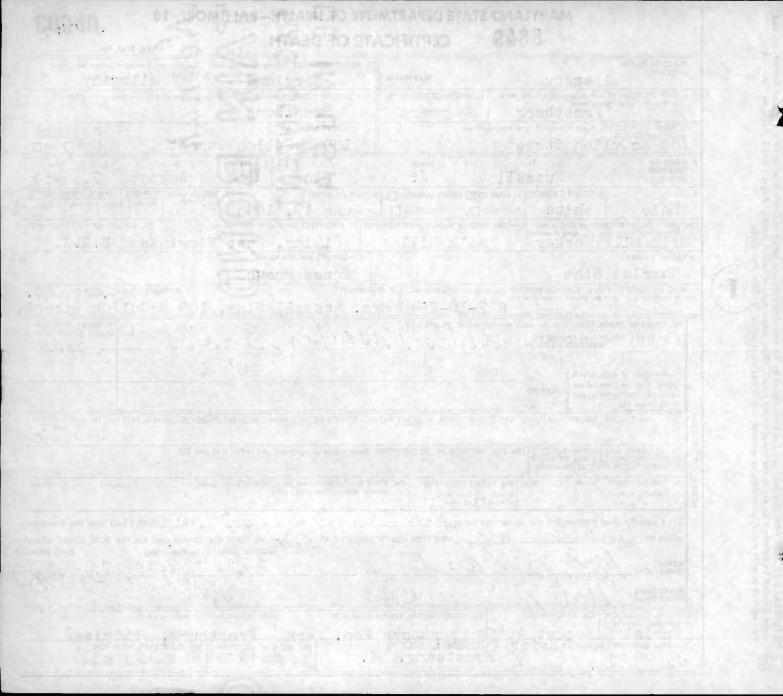
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
8649	CERTIFICATE	OF DEATH	

08603

Cirlhun S. Kraus

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Allegany MARYLAND Marvland Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frostburg Frostburg vears d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 109 McCulloh Street 109 McCulloh Street YES NO K 3. NAME OF First Middle 4. DATE Year DECEASED Russell J. Nine 1959 (Type or print) DEATH August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months White Male WIDOWED | DIVORCED | June 17. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mill Worker Silk Mill Elkins, West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Nine Agnes Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrest rostburg, Mrs. Russell Nine. 109 McCulloh Street. 18. CAUSE OF DEATH [Enter only one couse perfine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED? YES | NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from , 1927, that I last saw the deceased M from the couses and on the date stated above. alive on and that death occurred at a ADDRESS (Street, city of town, stote) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 150 Frostburg Mem. Park Frosthurg Maryland Funables Home FUNERAL DIRECTOR'S SIGNATURE HAT OF 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Frostburg, Md. AUG 1 2 '59



TO HOSPITAL

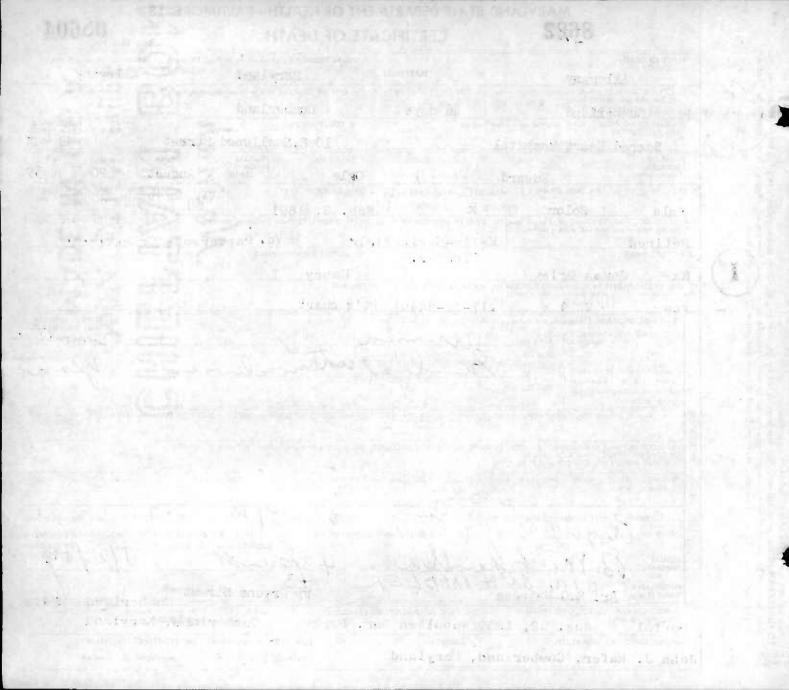
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8622

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	lega ny	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mar		L COUNTY	lence before admission)
b. CITY OR TOWN RURAL ond give r	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate li	mits, write RURAL and	d give nearest town)
	elaand	46 days	Cumbe:	rland		
	TAL (If not in hospitot, give stre		d. STREET ADDRESS	-77	de mana a de	e. IS RESIDENCE ON A FARM?
Bacred	Heart Hospital		10 S.Sm	allwood S	rree	YES NO 🔀
3. NAME OF DECEASED (Type or print)	First Fdward	Middle P	Ogle lost	4. DATE OF DEATH	August	20 19 59
S. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC los	t buthday) Months	ER 1 YEAR IF UNDER 24 HRS
Male	COTOL	WED DIVORCED	Feb. 3, 1891		60 yrs.	
10a. USUAL OCCUPATI	ON (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country		ITIZEN OF WHAT COUNTRY
Retired	,	Kelly-Springfi	eld WV	a. Patter	csons Cre	ekU.S.A.
13. FATHER'S NAME		Tire Co.	14. MOTHER'S MAIDEN			
TC T	O-1-	1116 00.	Nones	,		
	mes Ogle	6. SOCIAL SECURITY NO.	Naucy S		Address	
(Yes, no. or unknown)	(If yes, give war or dates of service)				Addioss	
_yes	WW 1	217-10-6449	Pt's chart			
18. CAUSE OF DE	ATH [Enter only one couse per	line for (a), (b), and (c).]				ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Time	TA 1) morth
11500	DUE TO	0 01	1 1			
Conditions, if		16.	1 antena	0, -		Wenne
gove rise to	immediate	, and	7	cur		- grade
couse (a), stating	the under- DUE TO					0
lying cause last.	(-)					
CATIC	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
E 20a. ACCIDENT W	AS UNDERLYING 20b. D G CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Part II of	item 18.)	
20c. TIME OF INJU Hour a. m. p. m.	Whi	6-	ACE OF INJURY (Home, fari octory, street, office bldg., et		wn)	(County) (State
21. I certify t	hat I oftended the dece	osed from June	1950 to 8	710	19 5 11/01	lost saw the decease
	and William	1-2 0 11	a accurred at	N 644 - 14		
olive on_	MAN TO IN	ond that death	occurred at	_M, from the (ADDRESS (Street, o		the date stated above
ACTUAL X	2 1/4	110	112/2	A CONTEST (SILES)	- lawn, sidle)	1/2/10
SIGNATURE	51111	ring	M.D. 4 3/	wo		1-7-1
PHYSICIAN'S NAME (Type)	PS G Weisman	IT INIDLE	2 43 9 G	reene Str		rlandMd
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, town, or county	
REMOVAL (Specify Burial	Aug. 22, 19	59 Woodlawn Bu			land, Mar	yland
23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	
John J. Ha	afer, Cumberla	ind, Maryland	DATE A	UG 2 6 '59	Circhang,	S. Thank



FOR STATE HEALTH DEPT.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08605

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Reg.	Dist.	No.				

1. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where deced	sed lived. If institu	tion: Resider	nce before oc	dmission)
o. COUNTY	Allegan	У	MARYLAND	o. STATE	Marylan	d b. COUNT	Y A	llega	ny
b. CITY OR TOWN (III and give negres) town	autside corparate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside con	porote limits, write	RURAL and	give nearest	town)
Cumber	y		Lifetime	02	Cumberl	and			
d. NAME OF HOSPIT	AL OR INSTITUTION	If not in hos	pitol, give street address)	d, STREET ADD	0 00111 10 0 11 11			e. 15	RESIDENCE
2 Milte	enberger	Stree	et	/	2 Milt	enberge:	r St.		NA FARM?
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Month	1	Doy	Year
(Type or print)	Ra	lph	C. 0	Hara	DEATH	Aug		14	1959
5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		NDER 24 HRS.
Male	White	WIDOWE	DIVORCED [Jan. 2,	1905	54 yrs.	Months [Days Hour	m Min.
during most of working Machinis	ON (Give kind of working life, even if refired) St Helper	-	ailroad		(Stote or foreign		12. CITIZ	USA	AT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME				
Deni	nis O'Har	a		Mar	y V.Ke	11y			
15. WAS DECEASED EV			SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
yes	War II	7	05-05-5256M	cs. Ralp	h O'Har	a, Cumb	erlan	nd, Mo	1.
18. CAUSE OF DEA	TH (Enter only one cou	se per line	for (o), (b), and (c).]					INTERVAL BET	TWEEN
PART I. DEAT	TH WAS CAUSED BY:	C	oronary Occ	lusion				Sud	đen
420.1	DUE TO						7		
Conditions, If a	ny, which)		Coronary Sc	lerosis					
gave rise to imme	diote cause								
(a), stoling the	(c)								
Z PART II, OTH	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE	E TERMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY
151								YES [FORMED?
PART II, OTH	NTRIBUTING	b. DESCRIBE	E HOW INJURY OCCURRED. (E	nter noture of injury	in Part I or Part I	l of item 18.)			· · · · ·
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Yee	While		E OF INJURY (Homory, street, office bld	ne, form, 20f. (Cit dg., etc.)	y or town)	{Cou	nty)	(State)
21. I certify th	nat I taak charge	of the r	remains described abo	re, held an A	ulopsy [], I	nspection X),	Inquir	y []X c	and in my
opinion death	resulted fram: 1	Votural o	puses X. Accident	7, Suicide [7. Hamicide	Undete	rmined m	nonner [1
		. (/2 2						
ACTUAL SIGNATURE									
EXAMINER'S NAME (Type)	Benedic	t Sk	itarelic, M.		MEDICAL EXAMINER	-	. 15	, 195	9
220. BURIAL CREMATIC REMOVAL (Specify)	N. 226. DATE THEREC	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	TION (City, town,	or county)	(5)	tote)
Burial	Aug. 18,	1959	Sunset Memo	rial Par	rk Cur	nberland	, Md		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	24	o. REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIG	NATURE	
James F.	Scarpell	i, C	umberland, M	d.	ATEANG 1 8 'S	19 and	Chang S. 1	Kraus	

TO DEPUTY MEET EXAMINER: This certificate should be executed within 24 hours after death. If any delay is new try, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral destruction of the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57



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			Branch Branch		William V
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	C State of				
The state of the s					

8655 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08606

		0000		CERTIF	FICA	TE OF DEATH	1		Reg. Dist. N	lo.
	PLACE OF DEATH S. COUNTY	legany		MARYL		2. USUAL RESIDENCE (WHO o. STATE Maryla		ved. If institution b. COUNTY		
	b. CITY OR TOWN (If autside corporate	fimits, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If a		e limits, write R		
	RURAL and give no	Jaresi town)		3 years		X La Vale				
	d. NAME OF HOSPIT	AL (If not in haspi	tal, give street	oddress)		d. STREET ADDRESS				e. IS RESIDENCE
	13 Richar		Coverwo			13 Rich	ard Way	. Cove	rwood	YES NO
3.	NAME OF	444	First	Middle		Lost	4. DATE	Mon		Day Year
	DECEASED (Type or print)	Betty		Louise	Pav	ne	OF DEATH	lugust		19
5. 5	SEX	6. COLOR OR RA	ACE 7. MARE	RIED NEVER MARRIES		DATE OF BIRTH				AR IF UNDER 24 I
F	emale	White	WIDOW				100	lost birthday) 42 yrs.	Months Days	
0a	. USUAL OCCUPATION	ON (Give kind of v		لبيا	- 141	ay 2,1917	or foreign coun		12. CITIZEN	OF WHAT COU
	during most of war	king life, even if re	etired)							
	Housewife		101	wn Home		Pittsburg		isyivan	ia USA	1
		6 B 56	#8784							
c		L. Deak		SOCIAL SECURITY NO.	1.7 18/6	Bertha Gu			AND (1	
Ye:	i, no. or unknown)	(If yes, give wor or date	es of service)		1.					verwood
	no		/(05-09-514	Roy	W. Payne	La Va	ale, Ma	ryland	
				ne far (a), (b), and (c).]		Adult BY AND		177.604	11	NTERVAL BETWEE
	PART I. DEA	TH WAS CAUSED IMMEDIATE CAUSED	BY: SE (a)	METASTAT	T.C.	CARCINOMA				S.Mos
	170 X		E TO							
	Conditions, if a	ny, which)	(b)	CARCINON	AA O	F BREAST				4 YEAR
	gave rise to i codse (o), stating		E TO							
	lying cause last.	ine onder-	(c)							
NO.	PART II. OTI	HER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIV	EN IN PART 1(o)	19. WAS AUTO
CATION	E41 5355									PERFORMED YES NO
Œ.	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in I	Port I or Part II	of item 1B.)		
CERT	(IF EITHER, NOTIFY	MEDICAL EXAMIN	IER)							
CAL	20c. TIME OF INJUR	Y Month, Day,	Year 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, farm	n, 20f. (City or	tawn)	(Count	y) (SI
MEDI	Hour a.m.		19 While at war	Not while	facto	ry, street, office bldg., etc	-)			
2			-1			c-6:	0 0	-		
	21. I certify th	at I attended	the deceas			, 19 <u>_C</u> 9_, ta				
	alive an	ueg	, 19	27, and that	death o	accurred at 7:30 A				
	ACTUAL	1 . 1		1			ADDRESS (Stree	t, city or town,	state}	DATE SI
	SIGNATURE	Cortho	in 8	Jeenn	M.	D				8-10-19
	PHYSICIAN'S W	illiam P	. Tame	s M.D.		441 N. Ce	ntre S	t. Cumb	erland	. Md.
	NAME (Type)								0. 20114	,
120	BURIAL, CREMATIC	N, 22b. DATE TH	EREOF	22c. NAME OF CEMEN	TERY OR	CREMATORY		N (City, town, o		(Stote)
	Burial	Aug. 1	3,1959	Jefferson	Mem	. Park	Pitts	burgh,	Pennsy.	lvania
ĺ	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		21- 850	D DV DECISTOA	D 245 PECH	TOAP'S SIGNIAT	LIDE

John J. Hafer, Cumberland, Maryland

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

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	See Section 1		
	Transmission of the second	bearing a	THE STREET
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	and the same of the		
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22/21/21/21			
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		all serve les	
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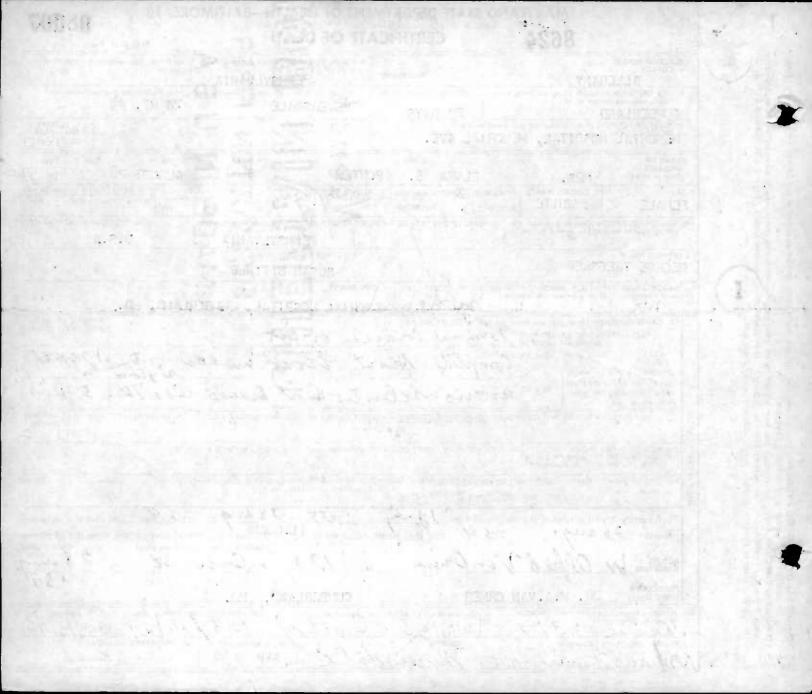
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MARYLAND STA	TE DEPARTMENT	OF HEALTH-E	BALTIMORE,	18
624	CERTIFICATE	OF DEATH	Per I	R

Reg.	Dist.	No.
rea.	P.191.	110.

	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY PENNSYLVANIA						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 29 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MEYERSDALE RT. #4 75 x						
60	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) MEMORIAL HOSPITAL, MEMORIAL AVE.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)						
	3. NAME OF DECEASED (Type or print) MRS. CLARA E. F	PORTER 4. DATE Month Day Year PORTER AUGUST 28 19 59						
	5. SEX 6. COLOR OR RACE 7. MARRIED XNEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Hours Min. Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	PENNSYLVANIA U.S.A						
	13. FATHER'S NAME GEORGE TRESSLER	14. MOTHER'S MAIDEN NAME SUSAN BITTNER						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	EMORIAL HOSPITAL, CUMBERLAND, MD.						
0		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	ED. (Enter noture of injury in Port I or Port II of item 18.) **LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bidg., etc.)						
	Hour o. m. p. m. 19 While Not while foctory, street, office bldg., etc.) 21. I certify that I attended the deceased fram. July 1955, ta J8 Mug 195 fhat I last saw the deceased alive an 1859 1959, and that death accurred at 1 000 M, from the causes and an the date stated abave. ACTUAL SIGNATURE Olfied Van Orms M.D. 172 S Contro St 2 8 Mug 2 9 Mug							
	PHYSICIAN'S NAME (Type) DR . W.A. VAN ORMER 220. BURIAL, CREMATION, REMOVAL (Specify) 22c. NAME OF CEMETERY	CUMBERLAND, MD. OR CREMATORY 22d. LOGATION (City, toyn), or county) (Stote)						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AONFLAUS Tuneral Home Meyers	dale DATE SEP 9'59 CHILDREN & KINDERS APPLE PA						



TO DEPUTY MELE EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necrit execute the certy die, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral die 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained forty TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, crematian, or removal, and in any event within 2 haurs after death.

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8650 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

							Kag. Di	\$1. 140.	
PLACE OF DEATH				2. USUAL RESIDENCE	(Where decease			nce befor	re odmission)
A.	llegany		MARYLANG	Penr	isylva	b. COUNT		ghe	nv
b. CITY OR TOWN (III	outside corporate limits, write RU	URAL C.	LENGTH OF STAY IN 16	c. CITY OR TOWN					
Frosthu	ng		2 days	Rankin		7	5 x -	3	
	ALER INSTITUTION (II n	of in hospito	l, give street address)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
Miners	Hospital			285 Fle	et St	reet			YES NO
3. NAME OF DECEASED	First		Middle	Lost	4. DATE	Month	1	Doy	Yeor
(Type or print)	JAMES		E.	POWELL	DEATH	8	3	Slat	19 50
5. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years fost birthday)	IF UNDER	YEAR I	F UNDER 24 HRS.
M	W w	VIDOWED [DIVORCED T	8-29-1907		52 yrs.	Months [Days	Hours Min.
00. USUAL OCCUPATION	ON (Give kind of work doning life, even if retired)	ne 10b. KINI	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign o	country)	12. CITI2	ZEN OF	WHAT COUNTRY
Reamer	g iire, even ii reiirea;	Stee	1 Industry	Braddod	10		т	J.S.	A
13. FATHER'S NAME		,- 000		14. MOTHER'S MAIDEN			-	1+5-	A
John Powe	11			Frances N	Janu G	nd ffd th			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		CIAL SECURITY NO. 17.	INFORMANT	ary o	Address		1	1- D-
(Yes, no, or unknown)	None		-05-8641 H	Helen Esthe	n Dam	. 77 67	Drac	aoc	k, Pa.
18 CAUSE OF DEA	TH [Enter only one cause			TOTELL ES MIS	T. TOM	ell, 51	g Pli	CA1	rn St.
	TH WAS CAUSED BY:	Vin	natitio	d LOHI	-000			ONSET	AL BETWEEN
8115V	IMMEDIATE CAUSE (0)	101	16/0/6		0119			1/2	177
045 X	DUE TO '	W/	1/solice	In I For	16.	- mmn			
Conditions, if o		_///	601021	1101 -111	phy	28/114	- 4		
(o), stoting the couse fost.		71	nultiple	Fracto	100	Pils L.	eff.		
PART II, OTH	HER SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART		PERFORMED?
20g EXTERNAL CAL	ISE WAS 206	DESCRIBE H	W INIARY OCCUPPED	(Enter noture of injuly in P	and de Bant II	of item 181		116	S NO
	NTRIBUTING [Vas	Thows	7 Off	lai	AL.			
20c. TIME OF INJUI	RY Month, Doy, Year			ACE OF INJURY (Home, fo	rm. 20f. (City	y or town)	(Cou	914)	(State)
20c. TIME OF INJUI Hour o. m.	aug291950	While of work	THOI WILLIE	T-arm	16.1	bar	rett		ma
21. I certify th	nat I tack charge o	f the ren	nains described ab	ove, held an Autap	osy 🔲 , I	nspection 🗵,	Inquir	у 🔼.	and in my
opinian death	resulted fram: Na	atural çau	ses , Accident	☑, Suicide □,	Hamicide	Undete	rmined m	nanner	
/	111 -01	1/							
ACTUAL SIGNATURE	0()111	1-1	me	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
EXAMINER'S NAME (Type)	NOME	La	ne me	ASSISTANT MEDICA		_			
22a. BURIAL, CREMATIC REMOVAL (Specify)		220	. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)
Burial	9-3-1959	- 1	Porter's C	emetery	Hyndr	man			Pa.
23. FUNERAL DIRECTOR			ineral Hom		C'D BY REGIST	TRAR 24b. REGIS	TRAR'S SIG		
R. AAHD	1 n. lean 123			hung Md	SEP 1	0.28	Orthur	& tu	aud.

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death

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTAllegany p. COUNTY filed MARYLAND Allegany b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland Cumberland vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Louisianna Ave. 711 Louisianna Ave. YES NO oud NAME OF First Middle Year DECEASED RETTMETER Aug. ELLEN D. (Type or print) 19 9. AGE (In years last birthdoy) 83 yrs. S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys DIVORCED T WIDOWED TX White Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Nome

Own home

Vale Summit, Most of Working life even if retired) 12. CITIZEN OF WHAT COUNTRY? Vale Summit. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Baxter Luke Delaney 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Cumberland, Md. Mrs. Mary Conroy No None 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 22 MYOCARDIAL NEARCTION HRS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which ARTERIOSCLEROSIS, GENERALIZED gove rise to immediate DUE TO couse (a), stating the underlying cause last. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work , 1959, to Aug 9 1959 that I last saw the deceased 21. I certify that I attended the deceased from AUG be detached , and that death occurred at 3:00 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL the registror PHYSICIAN'S NAME (Type) ST. CUMBERLAND MD 220. BURIAL, CREMATION, 22b. DATE THEREOF 2d. LOCATION (City town, or county) Cumberland, Md. 22c. NAME OF CEMETERY OR CREMATORY (Stote) St. Patricks Cemetery Aug. 12, 1959 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cumberland, Md. Byron Kight DATE FP 1 0 '59 Chilling & Kings

TO FUNERAL DIS

TOR:

	TE OF DEATH	CENTIFICA	33.443
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	Cumb estatio		byer 100
	Var contaction Ave.		.et smereime In
remus,	C and all all a		20 LIO
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	V		
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		CHOICE .	140 September 1986

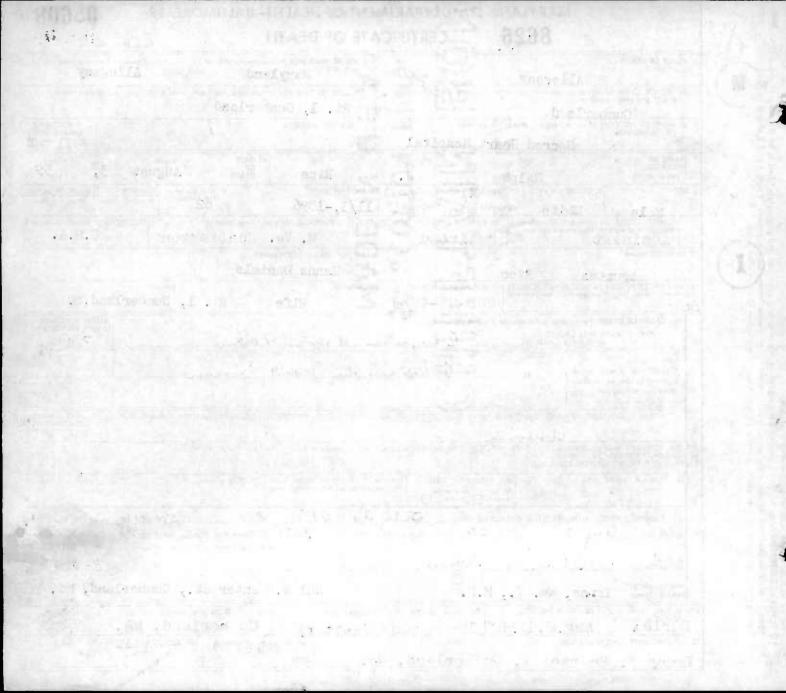
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8626

08608 Reg. Dist. No.

CERTIFICATE OF DEA	VI	ŀ
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1. PLACE OF DEATH o. COUNTY	Allegan	MARYLAND	- CTATE	Maryland	eased lived. If institution b. COUNTY		
RURAL and give	(If outside corporate limi nearest town)	ts, write c. LENGTH OF STAY IN 1b		OWN (If outside of Cumber.	orporote limits, write R land	URAL and give r	nearest fown)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, g	ive street oddress) Heart Hospital	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir		lost Ri c	OF			Pay Year 9
5. SEX		7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Doy	AR IF UNDER 24 HRS
10a. USUAL OCCUPA	TION (Give kind of work prking life, even if retired	done 10b. KIND OF BUSINESS OR INDI	V	Va. Hi	gn country) untington		U.S.A.
13. FATHER'S NAME	ustus R	ice		MAIDEN NAME na Daniel	S		
	VER IN U. S. ARMED FOR (If yes, give war ar dates of s	CES? 16. SOCIAL SECURITY NO.	INFORMANT	Wife	Rt. 1, C		nd,Md
Conditions, if gove rise to couse (o), stotin lying couse los Part II. C	immediate g the under-	arliniose	hole (THE TERMINAL DIS	EASE CONDITION GIV	/EN IN PART 1(o)	7 Octy
	WAS UNDERLYING DATH NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of	Finjury in Port I or	Port II of item 1B.)		YES NO
20c. TIME OF INJ Hour o. m	10	or 20d. INJURY OCCURRED While Not while ot work of work	PLACE OF INJURY (I octory, street, office	Home, farm, 20f.	(City or town)	(Count	(State
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		deceased from 5.2., 19.59, and that deat P. Jeune T., M.D.	h occurred at_	8.55PM, fro	am the causes and (Street, city or town,	d an the do	te stated abave DATE SIGNE
	ION, 22b. DATE THEREC	DF 22c. NAME OF CEMETERY		0	ocation (City, town, umberland		(Stote)
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS i. Cumberland, 1		240. RECAD BY RED	CICTRAR DECL	STRAR'S SIGNAT	TURE



may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remave carl the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after the registrar priar to burial, and the prior to the pri

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8627

CERTIFICATE OF DEATH

08609 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY AL	LEGANY		MARYLA	ND 2.	USUAL RESIDENCE (* O. STATEMENT (*)	Where deceased live	d. If institution b. COUNTY	ALLEG	before admi	ission)
b. CITY OR TOWN (IF RURAL ond give ned CUMBERL)		ts, write	C. LENGTH OF STAY IN	1b 0	CUMBERL		imits, write R	URAL ond giv	re negrest to	wn)
d. NAME OF HOSPITA OR INSTITUTION ME, MOR I	AL (If not in hospitol, g		ddress)		d. STREET ADDRESS 525 VIR	RGINIA AVE	NUE		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ch	HARLES	Middle R.	RIG	Last GS	4. DATE OF DEATH	Mon	# IGUST	Day 4	Year 19 59
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE	D NEVER MARRIED DIVORCED		DECEMBER	28 1872	GE (In years st birthdoy) yrs.	Months D	YEAR IF UN Days Hour	_
10a, USUAL OCCUPATIO during most of worki RET IRED 13. FATHER'S NAME	N (Give kind of work or ing life, even if retired LABORER		ind of Business or I			SAS-FORT			A.	COUNTRY
JESSE R		CEC2 14 6/	OCIAL SECURITY NO.	INFOR	FRANCES		ISTER			# A # 15
	If yes, give wor or dales of so		DCIAL SECURITY NO.		ORIAL HOSE	PITAL - CU	WICKA®	MEMOR ND, MC	IAL A	/E NUE
PART I. DEAT 42./ Conditions, if on gove rise to in couse (o), stoting t	nmediote (72	lycard	The	i Spen	on for	sati	en	INTERVAL ONSET AN	
Iying couse lost. PART II. OTH			INTRIBUTING TO DEATH					'EN IN PART	PERF	S AUTOPSY ORMED?
OR CONTRIBUTING OR CONTRIBUTIN	CAUSE OF DEATH		Not while	e. PLACE (DF INJURY (Home, fo street, office bldg.,	arm, 20f. (City or to		(Co	unty)	(State
actual SIGNATURE PHYSICIAN'S	Clary	, 19 <u>5</u>	June of		, 1957, ta Coursed at 11:2	M, from the ADDRESS (Street, A-Casts)	causes an		date state	deceased ad abave
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREO		22c. NAME OF CEMETE Mt. Herma		EMATORY emetery	22d. LOCATION Cumbe				ote)
23. FUNERAL DIRECTOR'S James F.	Scarpell	i, Cı	ADDRESS umberland		24a. RE	AUG 1 0 '59		TRAR'S SIGN		

TURBULLA	THE WALTER		THE SCHOOL THE
	, division es	27,000	OWNERLYNO
	Samara Antioning 255		JATUSCH JUIDSHIE
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			TOTAL OF THE BOARD
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08610

	8	628 CERII	FICATE OF L	EAIH		Reg. Dist. No).
o. COUNTY	GANY	MARY	a STATE	PENCE (Where decease RYLAND	ed lived. If institution b. COUNTY	on: Residence bef	
CUMBER LA	AND	2 DAYS	IN 16 c. CITY OR T	OWN (If outside corp	orate limits, write R	URAL and give ne	earest town)
OR INSTITUTION	AL (If not in hospital, give	street address)	d. STREET A	COLUMBIA	STREET		e. IS RESIDENCE ON A FARM? YES NO [2
3. NAME OF DECEASED (Type or print)	First GLA	DYS Elaine	RINGLER	OF		GUST I	9 19 59
FEMALE	MULTE	MARRIED NEVER MARRI	ALICHICT	1.001	9. AGE (In years lost birthday) 33 yrs.	Months Days	R IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION during most of world HOUSEW I	king life, even if retired)	Own home	Elba	Alabam			S.A.
THOMAS (CUTts			B. BATSON			
(Yes, no, or unknown)	R IN U. S. ARMED FORCES (If yes, give war or dates of service	5? 16. SOCIAL SECURITY NO		HOSPITAL .	CK & MEMON - CUMBERL		NUE
Conditions, if a gave rise to i cause (a), stating lying cause last. PART II. OTH	mmediate DUE TO (c)	ons contributing to de	ATH BUT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOP: PERFORMED? YES NO [
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of	f injury in Part I or Pa	art II of item 18.)		NO L
20c. TIME OF INJUR Hour a. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJURY (I factory, street, affice	Hame, farm, 20f. (Ci bldg., etc.)	ty or town)	(County	r) (Sta
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DR. W. FAW	eceased fram Que	L7 , 1959 death accurred att			d an the dat	the decease stated aba DATE SIGN
Burial, CREMATIC Burial Specify)			etery or crematory Iemorial Ce		ation (City, town, on berland		(State) Land
Charles	S SIGNATURE L. George	Cumberland	l, Md.	DATE ALLC 2 4		STRAR'S SIGNATI	

eath. Page 4 moy be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours after deather. :NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO HOSPITAL

VS A15 (4) ISM 9/58

THE REPORT OF THE PROPERTY OF

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	AUGUST 19, 1939-		31/1/00 10 32/1/2			
	500100000000000000000000000000000000000	alter and the	THUTTON			
BANEYA ZELINOVEN	HAE B. BATACH MINNER MINNER TOSPITAL - CO		satur eagst			

VS A15 (4) 15M 9/5B

08611

8629 **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea.	Dist.	No.

1. PLACE OF DEATH o. COUNTY ALLE	GANY	MARYLA	O STAT		here deceosed live	d. If instituti b. COUNTY	on: Residence bef		sion)
b. CITY OR TOWN (IF RURAL and give ne CUMBERLA		c. LENGTH OF STAY IN 2 HRS. 24MIN		OR TOWN (IF O	outside corporate	limits, write R	URAL ond give n	earest town	n)
OR INSTITUTION	AL (If not in hospital, give stree L HOSPITAL	t address)	d. STRE	1725 FI	REDERICK	STREE	T		SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	First HARRY	Middle BERNARD	RUSS	Lost ELL	4. DATE OF DEATH	Mar AU	GUST 8		Year 1959
5. SEX MALE	6. COLOR OR RACE 7. MA WHITE WIDON	RRIED NEVER MARRIED VED DIVORCED	OFDT	6, 190	a 1 1	GE (In years ost birthdoy) 52 yrs.	Months Days	R IF UND Hours	ER 24 HRS. Min.
100. USUAL OCCUPATIO during most of work Superv.is 13. FATHER'S NAME	N (Give kind of work done ing life, even if retired)	elanese Co	rp.	MARYLA IER'S MAIDEN I	ND	y)	12.CITIZEN		OUNTRY?
U	nknown			Unkno	wn				
15. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FORCES? If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.	INFORMANT MEMOR	IAL HOS	WARWIC PITAL -	K & ME	MORIAL A LAND, MD	VE NUE	
Canditions, if ar gave rise to in couse (a), stating t lying cause lost.	he under-	RIERIOS	EROTIO	05/5			ASE	10 INN	YR:
ANEN	ER SIGNIFICANT CONDITIONS	3LOOD COS:	s FRO	M GA	STRIC	CONGE	STOW	PERFC	RMED?
	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCC							
20c. TIME OF INJURY Hour o. p. m.	Whil		e. PLACE OF INJU factory, street,	IRY (Home, forn office bldg., etc		awn)	(County	')	(State)
21. I certify the alive an	To I attended the deceded to 19 S	59, and that de	eath accurred	9, 10 0112:54 596	M, from the ADDRESS (Street, PEEE	causes an		e stated	
220. BURIAL, CREMATION	8/10/59	22c. NAME OF CEMETE Sunset Mc			22d. LOCATION	(City, town,		(Stot	
23. FUNERAL DIRECTOR'S Charles	SIGNATURE	umberland,			D BY REGISTRAR	24b. REGI	STRAR'S SIGNATI	JRE	

ANGELIA DE	ANATAR NA		YUMATE	
	multipated			mai ele
	DISCOURT (ST)			15/61
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Ruth E. Silcox

Cumberland

Maryland

DATE

		863	CERTIFIC	ATE OF DEATH	ł	08612 Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla)	ere deceased lived. If institution b. COUNTY	Residence before admission) Allegany
	b. CITY OR TOWN (If outs RURAL and give nearest	side corporate limits, write town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RUI	RAL and give nearest town)
	Cumberland		83 Yrs	1 12 Cumberland		
1:	d. NAME OF HOSPITAL (III OR INSTITUTION 22 Bedford St	f not in haspital, give street treet	oddress)	d. STREET ADDRESS 122 Bedford	Street	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Walter	Middle P Sc	chlund	4. DATE Month OF DEATH August 2	
\$.	SEX 6. (COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
	Male I	White wow	DIVORCED	April 27,18	76 83 yrs.	Months Days Hours Min.
100	. USUAL OCCUPATION (C	ive kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		ired Florist		Maryland		U.S.A.
13.	FATHER'S NAME	Water Control of		14. MOTHER'S MAIDEN N	AME	
	John C.	Schlund		Mary	Goor	
	WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		entre Street.
[14	No (if yes,	, give war or dates of service)	M	rs. Louise Zim	merla Cumberlan	
	•	Enter only one couse per lin		2-	5 /	INTERVAL BETWEEN
	PART I. DEATH V	VAS CAUSED BY:	rain	Must es	relities	ONSET AND DEATH
	11221	DUE TO	2 2	111/17	. 0	171
	Conditions, if ony,	which) "	wal !	Merles	in eles	, n
	gove rise to imme	diote (DUE TO	me resign	7 - 0 - 000	a maco	
	lying couse lost.	inder-				
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PA
	20g. ACCIDENT WAS UN OR CONTRIBUTING [] C (IF EITHER, NOTIFY MED	DERLYING 20b. DESC CAUSE OF DEATH ICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY A Hour o. m. p. m.	Month, Day, Year 20d. II While of wor	Not while f	PLACE OF INJURY (Hame, farm, actory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that t	attended the deceas	ed from 3/7/7	7. 19 ta 8/	129/5910	that I last saw the deceased
	alive ap	28/59 10	and that deat	27		d an the date stated above.
	1)////	1-17		ADDRESS (Street, city or town, st	
	ACTUAL SIGNATURE	HIM	lleans	MD (un	wherly.	1 8/30/50
	PHYSICIAN'S NAME (Type)					
220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town, or	
	Burial	8/31/59		heran Cemetery		Maryland
23.	FUNERAL DIRECTOR'S SIG	SNATURE	ADDRESS	24g. REC'E	BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE

Cirilian S. Kraus

and burial-transit remaval, as the the registrar priar ta burial, crematian, page 3 shauld be detached for use CTOR: TO FUNERAL DIR

VS A1S (4) 1SM 9/S5

TO HOSPITAL

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VS A1S (4) 1SM 9/5B

the registror priar to buriol, crematian, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8632 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY ALLEGAI	NY	MARYLAND	O STATE	/here deceased lived. If in IRGINIA b. CO	nstitution: Residence b	perfore admission)
b. CITY OR TOWN (RURAL and give in CUMBERLA)	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16		outside corporate limits, v	vrite RURAL and give	nearest town) 5×-3
OR INSTITUTION	TAL (If not in hospital, give stree RED HEART HOSPI		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LULA	Middle	SHOCKEY	4. DATE OF DEATH AUC	Month JUST 29	Day Yeor 19 59
FEMALE	the second secon	RRIXXX NEVER MARRIED	JUNE 8, 188	9. AGE (In lost birth 77	years IF UNDER 1 YE Months Doy	EAR IF UNDER 24 HRS. ys Hours Min.
HOUSEWIFE	ON (Give kind of work done 10) king life, even if retired)	KIND OF BUSINESS, OR INDU	e WEST VIRG	INIA	12.CITIZEN	S OK
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
EDWARI			ANNIE FUL	TZ (DECEASI		
1S. WAS DECEASED EVE (Yes, wo of unknown)	ER IN U. S. ARMED FORCES? [16] (If yes, give war or dates of service)	s. social security no.	PTS. CHART		Address	
Conditions, if of gove rise to it couse (a), stoting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under-	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITIC	ON GIVEN IN PART 1(c	o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING [20b. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1	B.)	
20c. TIME OF INJUI Hour o. m. p. m.	Whil	£-	ACE OF INJURY (Home, far ctory, street, office bldg., e	m, 20f. (City or town)	(Coun	nty) (Stote)
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) / [A]		1 / /	A.D. 16 910	•	es and an the de town, state)	DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify REMOVAL	8-31-59	22c. NAME OF CEMETERY OF Indian Mou		Romney,	town, or county) Hampshii	re, W.Va.
23. FUNERAL DIRECTOR	1 60 11	ADDRESS Romney, W			REGISTRAR'S SIGNA	

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VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8633 CERTIFICATE OF DEATH

				Keg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WHO o. STATE		COUNTY	
Allegany	MARYLAND	Mary	Land	Al.	legany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate lin	nits, write RURAL ond g	give nearest town)
Cumberland	4 Yrs.	02 Cumb	erland		
d. NAME-OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
300 Avirett Avenu		300	Avirett	Avenue	YES NO X
3. NAME OF DECEASED (Type or print) John	Middle Thomas	Sleeman	4. DATE OF DEATH	Month August	lst. 1959
	RIED NEVER MARRIED	8. DATE OF BIRTH	9 AG	F (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
Male White WIDOW	ED DIVORCED	March 31st.	1873 8	birthdoy) Months yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDL			12. CITI	ZEN OF WHAT COUNTRY?
Ret. Engineer Pa	.&Lake Erie	R R Mar	yland		USA
13. FATHER'S NAME	OTTOR DITE	14. MOTHER'S MAIDEN N			ODA
William Gleenen		Mongonot	MoFonle	nd	
William Sleeman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Margaret	MCFarte		
(Yes, no, or unknown) (If yes, give war or dates of service)			m] «		ett Ave.,
I I		s.Ida Cooke	Fry Cun	berland,	1
18. CAUSE OF DEATH [Enter only one couse per li	ne far (o), (b), ond (c).]	, /			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	preinomo	- soppho	Reno		
150 X DUE TO		//			no my
Conditions, if ony, which) (b)					we work
gave rise to immediate					
couse (a), stating the <u>under-</u> DUE IO					
, (-)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1 1(0) 19. WAS AUTOPSY
CATIC					PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of	item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. I While of wor	Not while fo	LACE OF INJURY (Home, farm octory, street, office bldg., etc		vn) (C	County) (Stote)
21. I certify that I offended the decease	ed from 6/29	, 19_59, to	8/1	19 59that I la	st sow the deceased
alive an 8/1/		occurred at 4:00P			
dive dii 97 17	, und mur deun		ADDRESS (Street, c		DATE SIGNED
ACTUAL 1/2 //	2	26 Cm	eene St		
SIGNATURE OF TOTAL		M.D. 30 GI	eene per	. 666,	
PHYSICIAN'S NAME (Type) Earl R. Paul.		M.D. Cumbe	rland, 1	1d.	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
Burial 8-4-59	F'bg.Memor	ial Park	Fros	tburg,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIC	
Joseph R. Durst, Fros		DATE A		Chiling S.	
ocseph H. Durse, Pros	and a Mar	DATE			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	08616	

8634	CERTIFICATE	OF	DEATH
0007	OEKIII IOKIE	•	D-7111

0	Dist	NI-	
Keg.	Dist.	NO.	

PLACE OF DEATH										
01 0001111				2. USUAL RESID	ENCE (Whe	re deceased	lived. If instituti		before od	mission)
ALLEGANY			MARYLAND		TAND		b. COUNTY	0 1	EGANY	7
	(If outside corporate limi nearest town)	ts, write c. LENC	OTH OF STAY IN 16	1		tside corporo	te limits, write R			-
CUMBERLA			TAY	02 CIII	WRERT.	CTV				
	PITAL (If not in hospital, g	ive street oddress)		d. STREET AL	DRESS				0	RESIDENCE
10 1 1 4 1 100	D HEART HOST	alle alle di A alled		110		JUE ST	6		YES	□ NO □
3. NAME OF DECEASED (Type or print)	ALICE	Angela	Middle	SMALL		4. DATE OF DEATH	AUGUST		Day 20	Year
5. SEX	6. COLOR OR RACE		EVER MARRIED	8. DATE OF BIRTH		9	. AGE (In years	IF UNDER 1	EAR IF U	NDER 24 HRS
FEMAL	WHITE	WIDOWED [DIVORCED [APRIL 6	. 1896	5	last birthday) 63 yrs.	Months Do	oys Ho	urs Min.
0a. USUAL OCCUPAT	TION (Give kind of wark orking life, even if retired	dane 10b. KIND OF	BUSINESS OR INDU					12. CITIZE	N OF WHA	AT COUNTRY?
HOUSEWIF		At H			RYLANI			TT	S.	A
3. FATHER'S NAME		AV D	Ome	14. MOTHER'S				0.	U.	
	YT						C)			
	H. Harvey	CESS 14 SOCIAL S	ECUBITY NO T	INFORMANT	Mary	Ellen	Shea	ratt		
(Yes, no, or unknown)	(If yes, give war or dates of s		2000				Add	1000		
No			F	PATIENTS (HART.		14 17			
Conditions, if gove rise to couse (o), statin lying cause los	g the under-)								
_	, 10	DITIONS CONTRIBL	ITING TO DEATH BU	T NOT RELATED TO	THETERMIN	AL DISEASE	CONDITION GIV	VEN IN PART 1	(o) 19. W	AS AUTOPSY
PART II. O	THER SIGNIFICANT CON							VEN IN PART 1	PE	AS AUTOPSY RFORMED?
PART II. O	, 10		JTING TO DEATH BU					VEN IN PART 1	PE	RFORMED?
PART II. O PART II. O PART III. O PART III. O	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yes .	20b. DESCRIBE HO	CCURRED 20e. P		injury in Po	20f. (City o	l of item 1B.)	VEN IN PART 1	YES	REORMED?
PART II. O PART III. O PART II. O PART	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yes .	20b. DESCRIBE HO ar 20d. INJURY O While No of work of the	CCURRED 20e. Pl	ED. (Enter noture of LACE OF INJURY (hectory, street, office	injury in Polome, form, bldg., etc.)	20f. (City of	I of item 1B.) or tawn)	(Cou	PE YES	(Stote
PART II. O PART I	THER SIGNIFICANT CON VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yei 19 that I pitended the	20b. DESCRIBE HO or 20d. INJURY O While No of work of the	CCURRED 20e. Pl twhile work	LACE OF INJURY (hoctory, street, office	injury in Police of the Communication of the Commun	20f. (City of	or tawn)	(Cou that I last and an the c state)	PE YES	(Stote
PART II. O PART I	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yea 19 that Justended the	20b. DESCRIBE HO or 20d. INJURY Or While No of work of the	CCURRED 20e. Ple twhile work and that death	LACE OF INJURY (Hoctory, street, office 19 19 19 h accurred at 2 M.D.	injury in Police	20f. (City of M.) from the DORESS (Street	or tawn) 194 194 195 196 197 198 198 198 198 198 198 198	(County)	PE YES	(State)
PART II. O PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATI REMOVAL (Specif	THER SIGNIFICANT CON VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye. 19 that I ditended the LEO H. LEY 100N, 22b. DATE THEREC 8/22/59	20b. DESCRIBE HO or 20d. INJURY Or While No of work of the	CCURRED 20e. Ple twhile work and that death	ACE OF INJURY (Hoctory, street, office	injury in Police form, bldg., etc.) , to	20f. (City of South Control of South Con	or tawn) 194 ne causes are, city or town, CUMBON (City, town,	(Cou that I last and an the c state)	per yes	(Stote

may be retained toy the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OF VS A1S (4) 1SM 9/S8

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CERTIFICATE OF DEATH

Reg. Dist. No.

08617

o. COUNTY			MA	RYLAND	2. USUAL RESIDENCE (M		lived. If institution b. COUNTY			ssion)
	egany N (If outside corpore neorest town)	ote limits, write	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (IF	yland autside carpor	ate limits, write RI	Allegar URAL and give r		vn)
	rland				× Cumberla	and	Rou	te #1	12.30	
d. NAME OF HOS OR INSTITUTIO					d. STREET ADDRESS	Wa 1 1			ON	SIDENCE A FARM?
3 11445 05	Sacred H		ospital		Rt. 1.	-				
3. NAME OF DECEASED (Type or print)		First	Midd	ile	Smith	4. DATE OF DEATH	Augus'		Day	Year 1959
s. sex Male	6. COLOR OR Whit				B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doy		
IOa. USUAL OCCUPA	TION (Give kind a	f wark dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stot			12. CITIZEN	OF WHAT	COUNTRY
Mechani 13. FATHER'S NAME	vorking life, even if		Intyre Ga	fage	Cumberla	NAME	ryland	U.S.	Α.	
		ma Will:	am Smith		Ed	lith x?	Lease			
5. WAS DECEASED I	VER IN U. S. ARM	ED FORCES? 16.	SOCIAL SECURITY N	10.	NFORMANT		Rt. Addr	ess Valle	v Ro	had
No	(ii yaz, gire wai ci		13-24-561	8 Mr	s. Lillian	Smith		land,	~	
	DEATH (Enter only	-	ne far (a), (b), and (D1 ~ 1111(II)	Omit wit	Camper		TERVAL E	
550.1 Conditions, it gove rise to cause (o), stoti	fony, which immediate	DUE TO (b) DUE TO	ubphs	em	e abree	is of	Drew	oma	69	lay
lying couse lo		(c) (c)	ip. n	npe	nacy				-6	7
PART II.	OTHER SIGNIFICAN	NT CONDITIONS C	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	winal Disease	CONDITION GIV	'EN IN PART 1(o	PERF	ORMED?
OR CONTRIBUTI	WAS UNDERLYING NG [] CAUSE OF IFY MEDICAL EXAM	DEATH	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Part I or Part	Il of item 18.)			
20c. TIME OF IN. Hour o. r		While	NJURY OCCURRED Nat while		ACE OF INJURY (Home, for tory, street, office bldg., e		or town)	(Cauni	ty)	(State
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S	that I attende	ed the decease	1-0		7, 19.59, to occurred at / 0 · / 1/2	M, fram 1	eet, city or town,	d an the do	ate state	d above
NAME (Type)	TION, 22b. DATE		M.D. 22c. NAME OF CE	METERY O			OSt. CI			1d.
Burial (Spec	Aug.	13.195				Cnace	ant amn	Manuela	nd	1
3. FUNERAL DIRECT			ADDRESS	OE INC		C'D BY REGISTI	RAR 24b. REGIS	STRAR'S SIGNA		
				100				1 E. Kraus		
jonn J. H	afer. Cu	mberlan	d. Maryla	and	DATEG	1 23	0,70,70	1		

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with page 3 shauld be detached far use as the burial-transit page. ath. Page ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8636 CERTIFICATE OF DEATH

					Reg. Dist. No.
PLACE OF DEATH O. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary]	- L COUNTY	an: Residence before admission) Allegany
b. CITY OR TOWN (I RURAL ond give no Cumber		c. LENGTH OF STAY IN 16		outside corporate limits, write R	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street legany Count		d. STREET ADDRESS	Cumberland S	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Patrick	Middle J •	Stakem	4. DATE Mon OF DEATH Augus	
Male. 10	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 2/8/1885	9. AGE (In years lost birthday)	Months Days Hours Min.
Retired-B	ON (Give kind of wark done 10b. king life, even if retired) OWLING Alley	RIND OF BUSINESS OR IND Proprietor	Paradise	, Nary Land	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Tolon Oholoom		14. MOTHER'S MAIDEN		
15. WAS DECEASED EVE	If yes, give war or dates of service)	2-32-8337 A	Ellen Conformant P.O.Bo	x 599 Addi	"Cumberland, Md
	NTH [Enter anly one cause per lin TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	fulling	nary The	postusis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to it cause (a), stating lying cause last.	my, which (b) (1/4)	enic my	cardial	Depeura	tion?
PART II. OTH	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU			EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ID
	S UNDERLYING [] 20b. DESC [] CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. P Not while of wark	LACE OF INJURY (Home, form actory, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify the clive on 7/2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ot I attended the decease 31/59 19 Or. James E.		M.D	ADDRESS (Street, city or town.	nd on the dote stated above DATE SIGNED 8/1/59
Burial, CREMATION	8/4/59	SS. Peter	G Paul's	22d. LOCATION (City, town, o Cumberland,	
Charles		mberland, N	Id. 240. REC'		TRAR'S SIGNATURE

Cath. Page 4 may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR VS A15 (4) 15M 10/57

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TO HOSPITAL OR ENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 haurs	may be retained? The hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by	page 3 should be detached for use as the burial-transit permit. Then please remove carbin papers. Pages 1 and 2	the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after leath.
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TO HOSPIT

VS A15 (4)

15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
8656	CERTIFICATE	OF	DEATH	

MARYL

Middle

DIVORCED

c. LENGTH OF STAY IN

MTS	ENT OF HEALTI	H-BAL	TIMORE	, 1	8		08	561
ICA	ATE OF DEATH	Н			Reg. D	ist. No.		
AND	2. USUAL RESIDENCE (W o. STATE Maryland	here decease	d lived. If inst b. COU		7	nce befor	re admis	sion)
N 16	c. CITY OR TOWN (IF		prote limits, wri	te RU			rest fow	n)
	d. STREET ADDRESS							FARM?
	STAKEM	4. DATE OF DEATH		Month	959	Da	у	Yeor 19
	8. DATE OF BIRTH 2/23/1878		9. AGE (In ye lost birthdo	ears iy) yrs.	Months (Days	IF UND Hours	ER 24 HRS Min.
INDU	Lonaconi 14. MOTHER'S MAIDEN	ng, I	MD.		-	S.J		COUNT
	Esther			Addre				
7 6	otrick Stak	SON)	bose	18	nd,	INTE	RVAL BE	TWEEN
LA	in Proce	fle	cien	cy		1	gla	de
H BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION	GIVE	N IN PAI	RT 1(o) 1		AUTOPSY DRMED?

CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL

20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work at work p. m

22b. DATE THEREOF

EICHHORN

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stole)

(Stote)

77

21. I certify that I attended the deceased from that I last saw the deceased alive on and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street city or lown, stolel DATE SIGNED

Michaels Cemetery

ACTUAL PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Frostburg, MD.

8/26/1959 Rurial 23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

1. PLACE OF DEATH

OR INSTITUTION

llegany

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

during most of working life, even if retired) Self Employed

Patrick Stakem

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate

couse (o), stoting the underlying cause lost.

THOMAS

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [If yes, give war or dates of service]

IMMEDIATE CAUSE (o)

18. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c).]

DUE TO

DUE TO

First

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED

Tailor

RURAL and give nearest town) Midland

o. COUNTY

3. NAME OF

5. SEX

DECEASED (Type or print)

Male

13. FATHER'S NAME

No

ADDRESS LONACON ING, MD.

24a. REC'D BY REGISTRAR DATE AUG 2 8 '59

24b. REGISTRAR'S SIGNATURE arthur S. Thous

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8637 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Rea. Dist. No.

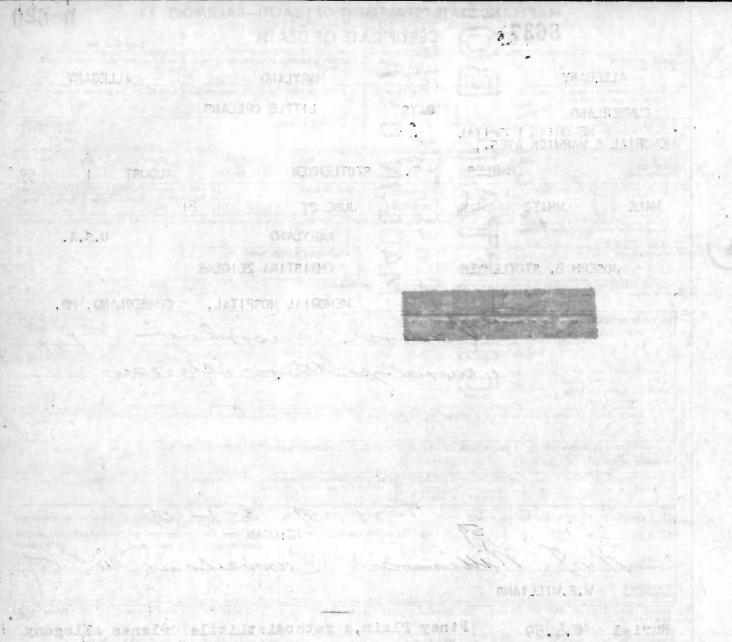
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	EGANY	MARYLAND	MARTLAN	ID	b. COUNTY	ALLE	GANY	
b. CITY OR TOWN (RURAL ond give n CUMBER		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow LITTLE ORLEANS					n)
d. NAME OF HOSPI OR INSTITUTION MEMORIAL	MEMORIAL HOSPI	oddress)	d. STREET ADDRESS				ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First CHARLE	Middle T.	STOTLEMYER	4. DATE OF DEATH	AUC	GUST		Yeor 19 59
5. SEX MALE	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH JUNE 27 1	886	AGE (In yeors lost birthdoy) yrs.	Months Do		ER 24 HR
Not give	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR IND	MARYLAND		try)		S.A.	COUNTRY
13. FATHER'S NAME	SEPH B. STOTLEMY	YFR	14. MOTHER'S MAIDEN	A ZEIGLA	R		Tille	
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		INFORMANT	A ZLIGLA	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of service)		MEMORIAL H	OSPITAL.	CUN	BERLAND	. MD.	
gove rise to it couse (o), stating lying couse lost. PART II. OT		CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GI	VEN IN PART 1(o) 19. WAS PERFO YES	DRMED?
PART II. OTI	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in	n Port I or Port II	of item 1B.)		163	110 12
20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Year 20d. I 19 While of wor	Not while	PLACE OF INJURY (Home, fai loctory, street, office bldg., e		town)	(Cour	nty)	(Stote
21. I certify the alive an	w.F.WILLIAMS		8 , 19 59, to th accurred at 10:0	OAM fram the	e causes ar		ate stated	
220. BURIAL, CREMATIC REMOVAL (Specify, Burial 23. FUNERAL DIRECTOR	8.4.59	22c. NAME OF CEMETERY Piney Plai ADDRESS	n,s Methodi	22d. LOCATION	le Orl		(Sto	MIA
Houral.	L' Lione	Home a	DATAU	G 6 '59	ani	my 8 the		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remave can the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours the VS A15 (4) 1SM 9/SB

TO HOSPITAL OR



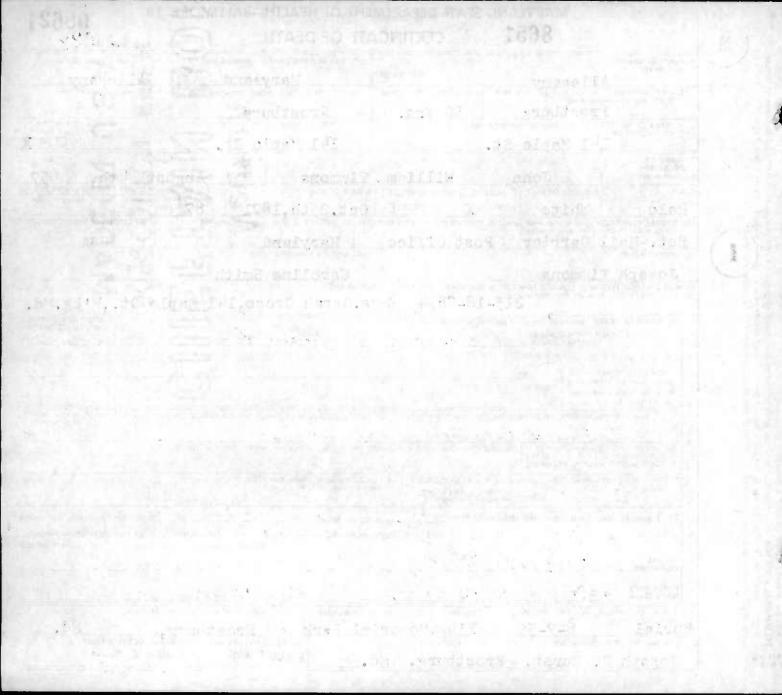
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g. 0	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campage 3 shauld be detached far use as the burial-transit permit. Then please remave carbed pape the registrar priar to burial, crematian, ar remaval, and in any event within 72 haury after death.
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5.5. TO HOSPITAL OR. ENDING PHYSICIAN: The law requires that the death certificate be executed with may be retained by the hospital or aftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Fithe registrar prior to burial, crematian, ar remaval, and in any event within 72 haury after death.
VS A	15 (4)
15M	9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8651 CERTIFICATE OF DEATH

						•		Reg. Dist.	. No.	
1. PLACE OF DEATH o. COUNTY			44 A D.V. 4 A II	(JSUAL RESIDENCE (W	here deceased	lived. If institution	on: Residence	before adn	nission)
A	llegany		MARYLANI	9	Mar	yland		Alle	gany	
b. CITY OR TOWN (If RURAL and give new	outside corporate limit	ts, write	c. LENGTH OF STAY IN 1	b (c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL and give	ve nearest to	wn)
T .	rostburg		50 Yrs.	2	2 Frosth	שיוור				
	AL (If not in hospital, g		address)	1	d. STREET ADDRESS		-		ON	RESIDENCE A FARM?
	41 Maple	St.			141 Mar	ole St			YES	□ NO 🕅
3. NAME OF DECEASED	Fire	st	Middle		Last	4. DATE OF	Mon	th	Day	Year
(Type or print)	John	n	William	Ti	mmons	DEATH	Augus	t: 4t	h.	1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		TE OF BIRTH		9. AGE (In years		YEAR IF UN	NDER 24 HRS
Male	White	WIDOWE		00	t. 25th. 1	871	87 yrs.	Months D	Doys Hou	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of work of	lone 10b.	KIND OF BUSINESS OR IN		V - V - V - C	e or foreign co		12. CITIZE	EN OF WHA	T COUNTRY?
RetMail	ing life, even if retired) Carrier		ost Office		Marvlar				TISA	
13. FATHER'S NAME	Carrier		OSC OTITES	14	MOTHER'S MAIDEN				USA	
	immons				Caroline		h			
IS MALE DESERVED FILED	INTER SOR	CES? 16.	SOCIAL SECURITY NO.	INFOR		· DIMIL O	Addr	ress		
Yes, no, or unknown)	IN U. S. ARMED FOR	215-	18-8874 M	írs.	Sarah Cr	oss,1	+1 Maple	e St.	Fibs	.Md.
			ne for (o), (b), and (c).]	-	2 11		4 1/2 3		INTERVAL	
PART I. DEAT	H WAS CAUSED BY:		Barrana	14	Strong	ul.			ONSET AN	DEATH
151X	DUE TO		er en	1		2.0			1	
Conditions, if on				//					0	
gove rise to in	mediote									
couse (o), stoting t	he under- DUE TO									
lying couse lost.) (c)								1	
PART II. OTH	er significant con	les.	CONTRIBUTING TO DEATH E	W T	Clary		E CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
PART II. OTH	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUP	RRED. (En	ter noture of injury in	Port I or Port	t II of item 1B.)			
		- 00 10		DIACE	SE IN HILLDY /II	206 (61)		- 10		10
20c. TIME OF INJURY Hour o. m.		While	Not while		OF INJURY (Home, far street, office bldge		or town)	(Co	ounty)	(Slote)
₽. m.	19	ot worl				,				
21. I certify the	at lattended the	deceas	ed from		19.57, to	814	19 43	that I last	t saw the	deceased
alive on P	14/50	10		ath acc	urred at 12:30	Ak from				
dive on	1	-, '/	, und mar det	JIII GCC	orred dille-		freel, city or lown,			ATE SIGNED
ACTUAL SIGNATURE	mustre	Text	thetring	M.D.	45	BRO	ADWA	reg		
PHYSICIAN'S NAME (Type)	ARTIN M	1807	THIKIND	110	FR	05TB	1RG-	120-		
22a. BURIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	TION (City, town, o	or county)	(5	itote)
Burial (Specify)	8-7-59		F'bg.Memor	rial	Park	Fra	stburg.		Mo	1.
23. FUNERAL DIRECTOR'S			ADDRESS	Lal		C'D BY REGIST		STRAR'S SIGN		~ •
		TO.		12	240. REG	G 1 0 '59		wo & the		
Joseph R	. Durst.	H. Ja	ostburg. N	/d.	DAME	M I O O	05.00	. 22		



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PITA	may be retained. The hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Vaneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs ofter death.
HOS	FUNI 19e
TO HOSPITAL OR A ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4	moy be retained. The hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0638 CERTIFICATE OF DEATH

	0000	CERTIF	CAI	OF DEAL	П		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Allegany	MARYL		usual residence (No. STATE Mary.		d lived. If institution b. COUNTY		nce befo .egar		ion)
b. CITY OR TOWN (If out RURAL and give nearest	side corporate limits, with town)	1	N 16	c. CITY OR TOWN (I	The second	/	,	give ned	arest town)
d. NAME OF HOSPITAL (I OR INSTITUTION Bed	f not in hospital, give s	reel oddress)		d. STREET ADDRESS Bedford		Rt.1#3	.)			IDENCE FARM?
3. NAME OF DECEASED (Type or print) John	First	Middle Thomas	Turr	last	4. DATE OF DEATH	Mon August	th	6	y)	Year 19 59
S. SEX 6.		MARRIED NEVER MARRIED		120/97		9. AGE (In years lost birthdoy) 62 yrs.	Months Months	R 1 YEAR Days	Hours Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (C during most of working I Electricia	ife, even if retired)	Am. Can Co.	INDUSTRY	11. BIRTHPLACE (Sto	ite or foreign c	ountry)		ITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME	HUT DE ST		14	. MOTHER'S MAIDEN	NAME				1	111/2
Emanuel	C. Turne	r	-112	Susan 1	Ritchey					
No	s, give wor or dates of service)	214-05-9105	Mrs.	RMANT Fred Zembe	ower Be	dford, R		mbei	rland	l, Md.
PART I. DEATH VIMA 420./ Conditions, if any, gove rise to imme	VAS CAUSED BY: MEDIATE CAUSE (o) DUE TO Which diote	Or line for (o), (b), and (c).]	hier	lolufer rlenge	like	i.	>		ERVAL BE	
coese (o), stoting the signing couse lost. PART 11. OTHER S	(c)	DNS CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	19. WAS A PERFO YES T	RMED?
PART II. OTHER S OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUT	NDERLYING 1 20b. CAUSE OF DEATH OTCAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (E	nter noture of injury i	n Port I or Por	t II of item 18.)				7
20c. TIME OF INJURY A Hour o. m. p. m.	v	Od. INJURY OCCURRED While Not while t work of work	foctory,	OF INJURY (Home, fo street, office bldg., e	orm, 20f. (City etc.)	or town)		(County)	311	(Stote)
21. I certify that alive an ACTUAL SIGNATURE	attended the dec		death oc	7, 19 to to curred at 122 S		treet, city or town.	ind an stote)		te state	
		Williams, M			and, l	Marylan	đ			
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 8/8/59	Zion Memor			Cumbe:	rland, Mo	county)		(Stote	e)
23. FUNERAL DIRECTOR'S SIGH. Lee Silject		ADDRESS umberland, Md.		24a. RE	C'D BY REGIST			IGNATU!	RE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8639 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6642 HOLABIRD AVE., BALTIMORE, MARYLAND. 20hfs 49mir d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE AVES. 060 ON A FARM? YES NO TO MEMORIAL HOSPITAL-WARWIVK & MEMORIAL 3. NAME OF DECEASED Middle 4. DATE AUGUST Paul Franklin TWIGG DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days AUGUST 12. 1959. MALE WHITE WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Infant 12. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. Cumberland and ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CO ARLENE E. MC DONALD DONALD E. TWIGG physici INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address MEMORIAL HOSPITAL. CUMBERLAND. MD. D aftendin 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN d PART I. DEATH WAS CAUSED SELL IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Manth, Doy, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred at 5:30 M, from the causes and an the date stated above. O FUNERAL DIRECTOR: A page 3 should be detach NAME (TYPO) DR. F.B. WHITWORTH Bedford St. Cumberland, Md. 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Aug. 14,1959 Rest Lawn Mem. Park Cumberland, Maryland 10 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATEAUG 1 7 '59 Cotton & Turns VS A15 (4) John J. Hafer, Cumberland, Maryland 1SM 9/SB 2060223XV3

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

						Reg. Dist. 14	<u>.</u>
1. PLACE OF DEATH		MARYL	2. USUAL RESIDENCE o. STATE		ved. If institution		
	legany			aryland		Allega	
B. CITY OR TOWN	N (If autside carporate limit e nearest town)	s, write c. LENGTH OF STAY IN	c. CITY OR TOWN	(If outside corporat	e limits, write RU	IRAL and give n	iearest tawn)
	berland	13 weeks	02 Cumber	land			
d. NAME OF HOS	PtTAL (If not in hospital, g	ive street oddress)	d. STREET ADDRES	SS			e. IS RESIDENCE ON A FARM?
OK IIVSTITOTIC		eart Hospital	302 Decat	ur St.			YES NO
NAME OF DECEASED (Type or print)	Fire	Middle Elizabeth	Warnick	4. DATE OF DEATH	August	23	Pay Year
SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years		AR IF UNDER 24 HR
Female	White	WIDOWED DIVORCED	□ 3/31,-187	3.	last birthdoy)	Manths Days	Haurs Min.
	****	dane 10b. KIND OF BUSINESS OR				12. CITIZEN	OF WHAT COUNTRY
**			Maryl	and		U.S	Δ.
HOUSEWO	rk	At Home	14. MOTHER'S MAID			0.0	
	M D 11						
	nomas McBride			el McMas			
5. WAS DECEASED (Yes, no, or enknown)	EVER IN U. S. ARMED FOR		INFORMANT		Addre		
No				Son Lest	er Sam	e as pt	•
18. CAUSE OF	DEATH [Enter anly and co	use per line far (a), (b), and (c).]				IN	TERVAL BETWEEN
PART I. I	DEATH WAS CAUSED 8Y:	Cerebral Hemm	orhage, multip	ple		0	NS THE DEATH
420	DUE TO		STEED SHIP TO SHIP		The state of		
Canditions, it	1111	Arteriosclero	tic Heart Dise	ease		44.75	10 yr.
gave rise to	, (D)	MI OCI TOPOTOTO	020 110021 = ==				
lying cause lo	ng the under-	Generalized vi	scered failure			1000	2 mo.
		DITIONS CONTRIBUTING TO DEAT			COMPLETION CIVI	ENLINI DADT 1/a)	
PARI III. V	The second second		H BUT NOT KELATED TO THE T	EKMINAL DISEASE C	ONDITION GIVE	IN IIN PAKT I(O)	PERFORMED?
5	Advanced ag						YES NOT
CONTRIBUTI	WAS UNDERLYING A	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury	y in Part I ar Part II	af item 18.)		
	FY MEDICAL EXAMINER)	none					
20c. TIME OF IN.		20d. INJURY OCCURRED 2	Oe. PLACE OF INJURY (Hame, factory, street, affice bldg.		tawn)	(Count	y) (State
Haur a. i	10	While Not while at wark at wark	none	, erc.)			
				A			
		deceased fromMay 11,					
alive on An	gust 23,	, 1959, and that q	eath occurred of				
()	1/2	1		ADDRESS (Street	et, city ar tawn, s	stote)	DATE SIGN
SIGNATURE	mes 1. /1	accessor "	M.D. 140 Bed	ford Stre	et	8/25	5/59
PHYSICIAN'S NAME (Type)	Dr. J.1	P. Hallinan	Cumb	erland, M	aryland.		
2a. BURIAL, CREMA	TION. 22b. DATE THEREO	PF 22c. NAME OF CEMET			N (City, tawn, o		(State)
REMOVAL (Spec	ify)	TALLS THAME OF CEMEN		4			
Buria			L Cemetery		erland		ryland
3. FUNERAL DIRECT		ADDRESS		REC'D BY REGISTRA		TRAR'S SIGNAT	
Ruth E.	Silcox C	umberland Man	ryland DATE	Alig 2 8 '5	9 0	rthur & #	CALLA

eath. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs, after death. :NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aff

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TO HOSPITAL OR

VS A15 (4) 15M 9/58

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2641	CEDTIFICATE OF DEATH

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	0031	CERTIFICA	AIL OI DEAIL		Reg. Dist. No.
PLACE OF DEATH O. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Marvl	b. COUNTY	on: Residence before admission) Allegany
b. CITY OR TOWN RURAL ond give r Cumber		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write R	
OR INSTITUTION	ITAL (If not in hospital, give street legany Cour		d. STREET ADDRESS Route	#1 .	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James First	William	Warnick	4. DATE Mon	18, Yeor
5. SEX Male	White widow	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6/26/1876	9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Retired -	ION (Give kind of work done fring life, even if retired) Farmer	Farming	Barton, M		12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME	lenry Warnick		14. MOTHER'S MAIDEN N Amanda Da		
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or date of service)		Ilegany Cou	x 599 Addunty Infirma:	" Cumberland, N
PART I. DE	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ocardial.	Degereera	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to	ony, which (b)	Cerebral	arterio.	clerosio	?
lying cause lost.	the under-	Lewigs hope	sertroph	y Prostat	?
CAT	Deu	le Dete	riorrati	on	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO []
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 206. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Part II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	Whil		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
21. I certify the	not lattended the deced 18/59 , 19				,that I last saw the decease
ACTUAL SIGNATURE	auces ?	In Leau	1 .	ADDRESS (Street, city or town,	8/19/59
PHYSICIAN'S NAME (Type)	Dr. James E.	McLean	Cumberla	nd, Md.	
Burya Tecify	1 -1 -1 //	Laurel Hil	r Crematory 1 Cemetery	22d. LOCATION (City, town, o	or county) Md. (Stote)
23. FUNERAL DIRECTOR George E	es signature Eichhorn	Lonaconing,		0.000	TRAR'S SIGNATURE

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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8642 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Allegany Marvland Allegany b. CITY OR TOWN (If autside corporate limits, write: c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland Cumberland vears d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARMZ 21 Prospect Square. YES NO Sacred Heart Hospital 4. DATE Middle Month Year DECEASED William Warnick DEATH (Type or print) 1559 Patrick 16 August 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months 3/1.-1899 WIDOWED | DIVORCED | Male White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. Bartender Hote] 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William P. Warnick Mary Frederick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 220- 10-8699 Wife Ada Warnick Same as Pt. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive Heart Failure (Pulmonary Edema) 12 hours DUF TO (b) CVA, probably a hemorrhage, right frontal lobe Conditions, if ony, which 4 days gove rise to immediate CVAS couse (a), stating the under-(c) Arteriosclerotic & Hypertensive CVD, with 3 prev. / 3 years lying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lar Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City ar tawn) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while ot wark of wark 21. I certify that I attended the deceased from August 13th, 1959, to August 16th, 1959, that I last saw the deceased ... 19 59 , and that death accurred at 1:55 p.M., from the causes and an the date stated above. alive an August 16th ADDRESS (Street, city or town, state) ACTUAL Algonquin Hotel SIGNATURE PHYSICIAN'S Dr. W.F. Doerner. Jr. NAME (Type) Cumberland. 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 19/59 Hillcrest Burial Park Cumberland Ruri al 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ruth E. Silcox DATE AUG 1 9 '59 Cirthun & Kraya Cumberland Maryland

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND toani b. CITY OR TOWN-IN outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Sdays -umberland im berlance d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? HOSPITa memorial YES | NO | NAME OF Middle First DECEASED OF DEATH (Type or print) Marv Williams Agnes August 10 1959 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months Hours WIDOWED P DIVORCED T 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE WIT 13. FATHER'S NAME alone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IVes no er unknown) Comberland, red enderoast. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Cardiac Failure 3-4 days IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Cardiovascular disease Conditions, if ony, which ! gave rise to immediate cause DUF TO (o), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS, WAS AUTOPSY PERFORMED? Fracture of left hip NO N 20d. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell at home 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) 19 59 of work of work Cumberland. Alleg. Md. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry XI. opinion death resulted from: Natural causes 🛴 Accident 🗒 Suicide 🗍 Homicide 🗍 Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) Aug. 10. 1959 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) erv 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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DIRECTOR:

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TO HOSPITAL OR ENDING may be retained by the haspit TO FUNERAL DIRECTOR: After page 3 should be detoched for the registror prior to buriol, or VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OCLI

	8044		CERTI	IFICAI	E OF DEAT	н		Reg. Dist. I	No.	
1. PLACE OF DEATH a. COUNTY	ALLEGANY	COUNTY	MAR	YLAND 2	USUAL RESIDENCE (V	Where deceased lived	d. If institution b. COUNTY	n: Residence b		sion)
RURAL ond give	I A NID MD		c. LENGTH OF STAY	19	c. CITY OR TOWN (III	outside corporate l	imits, write RU	RAL ond give	nearest taw	n)
d. NAME OF HOS	N HOSPITA	ital, give street o	MEMORIAL &	Ž.	d. STREET ADDRESS OLYMP 1 A				ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MINNIE	First	Middle WIN	ERMOY	Last ER		Month		Doy 21,	Year 19 59
FEMALE	6. COLOR OR I	RACE 7. MARR	D NEVER MARRI		ECEMBER 29	1898 60	GE (In years st birthday) yrs.	Manths Day		Min.
Oa. USUAL OCCUPA	rorking life, even if r	retired)	kind of Business of	OR INDUSTRY	PF NNSYI	_		U. S		COUNTRY
3. FATHER'S NAME			Ulei	1	4. MOTHER'S MAIDEN					
		stes of service)	SOCIAL SECURITY NO		MORIAL HOSE	20 10 20	Addre	€UMBER & WAR		
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20a. ACCIDENT N	WAS UNDERLYING NG □ CAUSE OF D IFY MEDICAL EXAMI	20b. DESC			Enter noture of injury i				PERF	ORMED?
20c. TIME OF INJ Hour a. m	n.	r, Year 20d. IN While of work	Nat while of wark		OF INJURY (Home, far, street, office bldg., e		wn)	(Coun	ty)	(Stote
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	W. F. WI	Mi	ed from 1=	death of	courred at 5:3	DM, from the ADDRESS (Street,	causes and	hat I last s I an the do	ate state	decease d abov TE SIGNE
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